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GUIDE

—TO—

HEALTH,

—BY—

DR. B. F. WEAVER,
GYNECOLOGIST.

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BUCYRUS, OHIO,
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WOMAN'S GUIDE TO HEALTH

A Treatise on the Diseases

—OF THE—

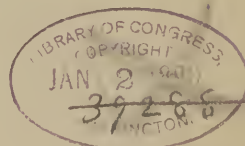
Female Genital Organs.

*Rational Treatment Suitable for
Ladies' Use.*

By DR. B. F. WEAVER, Gynecologist.

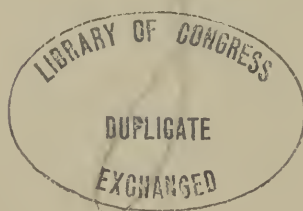
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INTRODUCTION.

THE time has long since passed when any apology is required for the publication on the subjects here stated. For the works written to elucidate this branch of medical knowledge, by many of our eminent doctors, have disarmed the most conservative of the medical profession, and I should have no scruples in putting my name to a production of this character.

Even the hard-shell doctors are slowly giving way before the spirit of the age. Not many years ago it was not permitted for a regular physician to put his card in the papers, giving the location of his office or residence; and the code of ethics, about which so much has been said, was got up by the old members of the profession to keep the young doctors from being too enterprising.

The requirements of humanity are above any artificial code ever invented, and long since made a "declaration of independence," to which the most liberal-minded in the profession are fast subscribing. The tendency of civilization is towards a sub-division of labor; one man does one thing and is enabled to do it well—and so in medicine, the movement is in the direction of specialties, notwithstanding the older members of the school are constantly fighting against it.

Having had a very large practice in the treatment of diseases peculiar to the female sex, the whole subject has been thoroughly examined in the light of the largest experience and sounded to its lowest depths, and the true philosophy of these serious diseases has been reached and appropriate remedies devised for their speedy and permanent cure.

More striking illustrations of the dangers of ignorance than those presented in the history of medical science can not be found. Within the last quarter of a century unparalleled progress has been made in medical knowledge. We have seen the charlatans dispossessed of one after another of those strongholds by the careful study of special and chronic diseases by common sense, intelligent and progressive physicians. Hysterical manifestations, once associated with witchcraft and miracle-working, are now so thoroughly understood by the educated physicians that these once popular delusions have completely vanished, and the crafty charlatan who claimed supernatural power is gone.

We might illustrate the progress of scientific medical knowledge by many other facts, but these are sufficient to show how the practice of medicine is changed from year to year and from day to day, by the diffusion of scientific and practical knowledge obtained through untiring study, research and investigation by men who dare to go beyond

their predecessors and teachers, and search out for themselves those great truths which are necessary for the intelligent and successful treatment of diseases. Notwithstanding all the progress that has been made, the medical profession still offers a wider field for advancement and original thought than any other calling to which an intelligent man can devote his energies. How absurd, then, in view of these facts, is the position of the "one idea" doctor, who clings tenaciously to the teachings of a certain school of practice, and thus precludes the possibility of advancing in the knowledge of his profession beyond what is already laid down in his text-book! How much more to be admired is the physician who boldly frees himself from the prejudices of the past and pushes his investigations and researches to the full extent of his ability, and who calls to his aid the experience of the most advanced and successful practitioners without regard to the particular school to which they belong! The difference between such a man and the so-called regular physician is not the difference between the professional and the empiric, but the difference between the earnest, progressive student and the fossilized representative of a dogmatic theory.

The printing-press is the great power of the world in the present age. The evil-disposed use it for the accomplishment of evil, and the well-disposed for the accomplishment of good. How absurd it would be for the advocates of law, order and virtue to refuse to use the press to disseminate their principles because unscrupulous men use it to accomplish dishonest ends and for the promulgation of pernicious ideas; and is it any less absurd for educated physicians and surgeons to refuse to avail themselves of the powers of the press for the accomplishment of a noble purpose, because quacks and charlatans prevent its use? Because quacks advertise is no reason why the skillful physician should not. There are always spurious counter-parts of whatever is meritorious, and the fact that quacks advertise only makes it more necessary that competent physicians should give correct information to those who are liable to be caught by quacks' advertisements. Who, then, is the great benefactor, the man who scatters broadcast the results of his study and experience, and thus prevents more diseases than a hundred regular physicians cure? Reason again answers emphatically in favor of the man who makes public his knowledge instead of hoarding it for himself.

With this somewhat lengthy preface, the reader is kindly commended to the following chapters which will be found the words of truth and soberness.

B. F. W.

WOMAN'S GUIDE TO HEALTH.

CHAPTER I.

THE AGE OF PUBERTY, MENSTRUATION AND CONCEPTION—THE GENITAL ORGANS OF WOMAN—INFLAMMATION, PAIN, HOW PRODUCED.

The Age of Puberty, Menstruation and Conception.

The capacity for reproduction commences at the age of puberty and continues until the change of life; embracing the period of life when they are most vigorous and best able to protect their offspring. Puberty, which may be considered the effulgent aurora of womanhood, works the aptitude for procreation. At this age, a sudden increase of the whole body takes place, sometimes in a wonderful manner. The genital organs which were previously small and useless, increase with the rest of the body, and the girl becomes nubile; the genital organs are evolved, the pubes appear, and the breasts are developed, and a new loveliness appears on the countenance, a new elegance of the whole figure; and if the individual was previously delicate, she often and suddenly enjoys good health. A secretion somewhat similar to the appearance of blood is effused every month from the uterus; and this organ is rendered fit for the formation and nourishment of the offspring.

In this country puberty occurs from twelve to fourteen, and at this age nature seems to concentrate all the powers of development and vitality upon these organs which are designed for the perpetuation of the race. All the other organs seem to diminish, as if nature suspended the growth of other organs in order to hasten that of the reproductive system, and as a consequence various vague ailments affecting circulation, respiration and the intellectual powers are sometimes complained of at this period, but vanish when puberty is established. The blood flows to the generative organs in an increased quantity, and they increase in size, and secrete fluids highly excitant to the whole system. Her whole nature seems to change at this period; her desires and affections are now altered; those whom she heretofore considered dearest are often looked upon as objects of indifference, and she now experiences feelings to which she was hitherto a stranger. The prolific fluids

are elaborated and fixed for the object which nature intended. The new want produced in the young girl gives rise to a sentiment of modesty or virgin shame, of which she was heretofore ignorant, which may be regarded as the hidden expression of her desires, or the involuntary signs of her secret impressions.

A complete evolution is effected in the human economy at the age of puberty; the constitution becomes strong and vigorous, health is completely established, and many diseases, such as scrofula, St Vitus dance, hysteria, etc., disappear; though sometimes these diseases supervene at these periods. In common with all parts of the body, the brain becomes developed, the intellectual functions are developed, and she becomes capable of fulfilling the noble purpose assigned her by nature.

Menstruation.

A woman arriving at the proper age, which varies in individuals, has a certain part of her blood set apart for reproduction, and if there is no human spirit, with which she can furnish a human body, it is periodically wasted, giving rise to more or less disturbance. Women are said at such times to be unwell. Each period continues from three to six days, and the quantity lost varies from four to eight ounces. The discharge has a peculiar odor unlike blood, and is not coagulable like ordinary blood. The liability to conceive is during the first and second week after these turns.

It is the duty of mothers, and those who are entrusted with the education of girls, to instruct them early in the conduct and management of themselves at this critical period of their lives. False modesty, inattention and ignorance of what is beneficial or hurtful at this time, are the sources of many diseases and misfortunes in life which a few sensible lessons from an experienced matron might have prevented. Every girl, as she approaches the age of puberty, should be informed that a flow of blood will take place from the sexual organs soon, and that it will occur every month. For the want of this simple information many a young girl, upon first menstruating, alarmed at what she did not understand, and too timid to speak of it, has resorted to cold bathing to check what she supposed to be a dangerous hemorrhage; and in this way lay the foundation for constitutional feebleness, which may cause her great suffering in after years, or end in incurable disease and early death. Nor is care less necessary in the subsequent returns of the dis-

charge. Taking improper food, violent affections of the mind, or catching cold at this period, is often sufficient to ruin the health, or render her ever afterward incapable of procreation.

Happy is she who shares the council and sympathy of a fond and intelligent mother—a mother whose intellect and whose instincts both combine to convince her of her duty to her child. In such language as a mother alone can use, and with a purpose as pure and holy as she alone can feel in the discharge of that duty, let her communicate, as far as she shall judge expedient, the end and object of nature in this novel and extraordinary change. Much useful council and cautions that may save both many a heartfelt grief, may be communicated by a mother to an intelligent child, without raising a blush upon the cheek of either; and very dear in after life will be the reflection of both, if this duty be faithfully performed.

When at the proper age, the person of the young girl becomes suddenly developed, and is observed to present irregular nervous symptoms, such as exhaustion from slight exertion, excitability and sudden causeless emotions, accompanied with tears and frequently followed by disturbed sleep, capricious appetite, full pulse, headache, and flushed cheeks; suffocative feelings, palpitation of the heart and pain in the back, we may be pretty sure the menses are about to appear. A colorless mucus discharge usually accompanies and follows its appearance. The first period usually disappears in two or three days, and there is no regular occurrence till the third or fourth one, after which it becomes more regular, and she gradually assumes the proper time and quantity that is to be in future her standard of health.

Menstruation is the first great era in the life of a female, and that on which the attention of a mother is fixed with a degree of interest known only to one who stands in that endearing relation. Should it not be established, all the charms of her person vanish; her gracefulness and vivacity are replaced with awkwardness and languor, and she falls into despondency, and a train of evils no one can look upon without a sigh for her unhappy condition. Or should they become fully established, she is liable, in after years, to contract diseases peculiar to her sex that will not only cause her pains and aches, but which may destroy her peace and happiness.

The peculiarity in these affections is the untoward influence the reproductive organs have over both mind and body when affec-

ted by disease. It was said by the ancient physicians that "the uterus was an animal within an animal," so well were they convinced of its surprising power over the affections and sentiments. Nor does it seem at all inconsistent with the perfect harmony of nature's laws that it should be so. When we reflect on the inconceivable wonders of its function—that within its cavity nature, with her plastic hand, gives the first evidence of her power to attach an immortal spirit to those very elements of which the meanest insect, or even a blade of grass is also formed—we may with great propriety demand, why the whole organism should not respond to its slightest affections.

The Genital Organs of Woman.

The genital organs of woman are composed of:—1st, ovaries, which produce and hold the ovules; 2d, tubes, which conduct these ovules or eggs to the interior of the uterus; 3d, the uterus or womb, the organ where the fertilized ovules develop; 4th, the vagina, the copulatory organ, which receives the fertilizing fluid, and transmits outside the products of the fertilization; 5th, the vulva, or entrance of the vagina, which serves at the same time for copulation and for the exit of the fœtus.

The genital organs are divided into the internal and external. The first being by far the most important. We will begin by studying them.

The Ovaries.

The ovaries are the essential organs of woman's genital apparatus. Thus their analogy with the testicle caused the ancients to name them the *testes muliebris* (female testicle). A name sometimes applied to the ovary.

Position—Direction—Shape—Attachments.

They are situated in the back layer of the broad ligaments, at the side of the uterus, behind the tubes and round ligaments, and in front of the rectum. They are ordinarily separated from the rectum by loops of intestines

They are attached to the uterus by a round and resisting ligament, the ligament of the ovary, and to the lateral walls of the pelvis by the broad ligaments. Thus placed within a fold of peritoneum, they are, at the same time, flexed and movable. This mo-

bility allows them to follow the displacements of the neighboring organs.

They are about one and a half inches in length, three-fourths in width, and one-half inch thick, and weigh from one and a half to two and a half drachms, and suspended one inch from the uterus and one and a half above the vagina, and supplied with nerves and blood-vessels, the blood-vessels being very numerous.

The ovarian vesicles, which are better known as the Graffian follicles, containing the ovules or eggs, was first carefully described in 1672 by Barry De Graff, hence the name vesicles of De Graff, or Graffian follicles. These follicles containing the eggs are imbedded in the substance of the ovaries, and one or more of these follicles burst and discharge the egg at each menstrual period. These eggs or ovules are about $\frac{1}{120}$ of an inch in diameter

Although the ovaries are situated about one inch from the uterus, the Fallopian tubes which conduct the egg to the interior of the uterus are from four to five inches in length. These tubes, on passing out from either side of the uterus, pass over the ovaries, and are attached to the walls of the pelvis by their fimbriæ; one of these fimbriæ on either side, however, contains the distal ends of the Fallopian tubes, reflex back and grasp the ovaries, thus forming complete ducts from the ovaries to the interior of the uterus.

Fecundation is supposed to take place during the exit of the eggs through these tubes.

The ovaries are subject to inflammatory action, or the position may be altered to such an extent as to constitute a morbid or unhealthful state. In addition to these the ovaries are sometimes affected by atrophy, ovarian apoplexy, solid and cystic tumors.

The Fallopian tubes are lined with a mucous membrane, covered with ciliated epithelium. The mucous membrane contains numerous follicles or glands, which secrete a fluid, designed by nature to lubricate the parts.

The structural elements of the lining membrane of these tubes are supposed in some way to take an active part in menstruation.

This membrane is subject to inflammatory action, which receives the name of Fallopian salpingitis. In addition to this the tubes are sometimes affected by cancer, tubercle, tubal dropsy, fibroid tumors, abscess, and accumulation of blood in their canals from the mucous membrane.

The great danger in both acute and chronic salpingitis is pelvic peritonitis, which arises in part from escape of the contents of the inflamed tubes into the peritoneum.

Uterus.

The uterus is the central organ of the true pelvis. It has in front, the bladder; behind, the rectum; above, the intestines; below, the vagina. It is pear shape; with fundus or body above, and cervix or neck below. It is about three inches in length, two and a half in width at its widest portion, and one inch thick, and weighs from one and a half to two and a half ounces at puberty or in adult life. Its cavity is about two and a half inches in depth, and divided into two portions, the neck being longer than the body. The cavity in the fundus being one inch from above downwards, and that of the cervix being the remainder of the two and a half inches. The external os is the mouth of the uterus, and the internal os the dividing line between the neck and the body. The cavity between the external and internal os receives the name of cervical canal, and that of the body corporeal cavity, or cavity of the fundus.

The uterus is suspended and held in place by eight ligaments; laterally the broad ligaments; antero-laterally, the round ligaments; posteriorly, the utero-sacral ligaments; anteriorly, the vesico-uterine ligaments.

The entire canal and cavity of the uterus is lined with a mucous membrane, the same as the mouth, throat and nasal passages, which is, like it, called a mucous membrane.

This mucous, or lining membrane, is supplied with nerves, blood-vessels, and contains numerous glands or follicles. These glands are known as the glands of Naboth or Nabothian follicles, and are imbedded in the substance of the mucous membrane. These glands secrete a mucus or fluid which is discharged into the cavity of the uterus through minute ducts or canals, leading from the glands to the interior of the cavity, which is designed by nature to lubricate the parts, the same as the saliva or spittle poured out by the glands in the cheeks and under the tongue, for the purpose of supplying moisture to the mouth, and the same as is supplied to all mucous membrane of the internal organs. The glands or follicles in the cervical portion of the uterine cavity secrete a fluid or mucus similar in consistence to the white of an egg; and those in the fundus or body secrete a mucus resembling glue-water or thick starch-like fluid.

When the glands are in a healthy state, the mucus thus poured out is only in such quantities as is required by nature to keep the parts moist : but when in a morbid state (affected by disease) the mucus is greatly increased in quantity and altered in quality, thus giving rise to a leucorrhœal discharge (whites) of which so many women are affected.

The whole mucous membrane lining the uterine cavity is covered with ciliated epithelium, that of the cervix resembling short, fine hair, and which is supposed to be in constant motion, like unto a field of grain when influenced by a slight breeze, which greatly facilitates the movement of the spermatozoa or the vital reproductive elements of the male, on its passage up the canal, to the cavity of the fundus.

The ciliated epithelium covering the mucous membrane of the fundus, breaks down every menstrual period, and forms again during the intermediate periods. When this inner coat or layer of cells are exfoliated (shed or break down) there is a hemorrhage due to the rupture of the minute blood-vessels that surround the glands or follicles ; which together with ovulation, or the discharge of the ovules or eggs from the ovary, constitutes the process of menstruation.

The whole lining membrane of the uterine canal and cavity are subject to inflammatory action, and under certain conditions may invade the structure of the uterine walls.

The inflammatory condition may, however, be confined either to the cervical canal or to the cavity of the body. The former being the most frequent seat of the disease ; the latter, although not so frequent, is always more grave in its character. When the disease is confined to the cervix, it receives the name of cervical endo-metritis, and when to that of the fundus, corporal endo metritis, and when the whole texture of the lining membrane is involved, it receives the name of endo-metritis (endo meaning within, and metritis inflammation). The inflammation in either case being the same, the name merely locates the disease.

Corporeal endo-metritis is like the same affection in the cervix, a glandular disease. The glands or follicles are the seat of the disorder, and it is to the exaggeration of their secretory function that is due to leucorrhea which constitutes one of its most prominent symptoms. The mucous membrane being highly congested (filled with blood) during each menstrual epoch, it is quite easy to see how, by exposure,

or taking cold and checking the hemorrhage, may induce the first stage of this affection.

The whole uterine cavity is subject to fungosities, fungus growths, cystic and granular degeneration.

Uterine Walls.

The walls of the uterus are about one-half inch in thickness, and are subject to inflammatory action, hypertrophy, areolar hyperplasia, cystic and fibroid tumors, cancers, etc.

The body of the uterus is covered with peritoneum (a membrane), which unites very closely to the substance of the uterus on top, but becomes more loosely attached as it passes downwards, the intervening space being filled by a soft, spongy substance, which receives the name of cellular tissue, and which, when affected by inflammatory action, the disease receives the name of cellulitis. This peritoneum or membrane separates the uterus from the intestines and which envelopes the internal genital organs, is subject also to inflammatory action, and when the inflammation is confined to the pelvis, receives the name of pelvic peritonitis.

Cellulitis usually results from protracted labor, pressure or bruises; and pelvic peritonitis results from ovarian, Fallopian, uterine, or vaginal affections. In either case it may result in abscess, and not unfrequently in death.

Vagina.

The vagina is a canal formed of strong muscular elements, and lined by mucous membrane. It is four or five inches in length and situated between the bladder and rectum. Its mouth forming the front external opening below the pubes, and its upper extremity encircles the neck of the uterus, and attached to it in such a manner that about one-half inch of the cervix projects down into the vagina, which is usually spoken of as the vaginal portion of the cervix and which can be touched by the finger.

The mucous membrane of the vagina is subject to inflammatory action, which receives the name of vaginitis, and at times will produce a discharge. The seat of the affection giving rise to a leucorrheal discharge may be distinguished by the nature of the discharge.

Vaginal leucorrhea consists of a white, creamy, purulent looking fluid of offensive character.

That arising from the canal of the cervix is thick, tenacious and ropy, like the white of an egg.

That arising from the body of the uterus resembles the cervical form, except that it is less gelatinous, less ropy, and more likely to be tinged with blood.

The vaginal portion of the cervix or that portion of the neck of the uterus which projects down into the vagina, is liable to injuries during sexual intercourse, or by friction when walking, or rupture during labor

Rupture of this portion of the cervix during labor is of frequent occurrence, which may be slight, partial or entire. Lesser degrees of rupture are described as fissures, and partial rupture, when the middle coats are torn through, the external being intact; and complete when the whole texture of the canal is involved in the rupture.

These ruptures receives the name of lacerations.

During pregnancy the uterus undergoes modification, situation, direction and structure. This phenomena must retrograde after labor in order that the uterus may return to its normal size.

The uterus tends to resume its original shape and situation, but it does so slowly and progressively

According to the best authority the average weight of the uterus is 23 ounces two days after labor, 16 ounces at the end of the first week, 12 ounces at the end of the second, and at the end of the eighth the uterus has returned nearly to its normal size; for the uterus which has borne one child remains a little heavier, a little larger, with more spacious cavity than in the virginal state.

The process by which these changes are brought about receives the name of involution. It frequently happens that some untoward influence retards or checks this process, and the uterus remains flabby and large, when it is then said to be in a state of sub-involution, or arrested retrograde evolution.

Lacerations or ruptures of the cervix, occurring as it does during parturition or labor, is very apt to interfere with involution of the cervix, of the body, or of the whole uterus. This interference may be very slight, or very marked; the degree generally depends upon the degree of the injury inflicted. As a result of the accident, the cervix or whole uterus remains enlarged; hypersecretion (an excessive discharge of mucus) at once takes place very markedly; and granular degeneration (similar to granulation of the eye-lids) with eversion of

the lining membrane occurs (the cervix partially turned inside out). This combination makes up the condition formerly characterized as inflammatory ulceration of the cervix.

When at this degree of severity, the glands or follicles studding the exterior surface of the vaginal portion of the cervix, similar to those in the canal of the cervix and fundus, are soon invaded by the disease, which, when affected, receives the name of cystic degeneration, and which may extend even into the os uteri. These cysts or enlarged follicles, resemble small pimples, and when opened are found to contain a white like fluid about the consistency of honey; these are very painful, and when numerous are supposed to be incurable, or nothing but amputation of the parts containing them will effect a cure.

Inflammation.

Inflammation is the result of congestion produced by irritation; for without irritation there can be no inflammation. Congestion is an excessive accumulation of blood to the part or parts affected. The blood-vessels which are affected, or rather the blood-vessels which are dilated or distended by an excess of blood, are very minute in size and countless in number; requiring as many as three thousand of them laid side by side to measure the distance of one inch. These minute blood-vessels are spoken of in medical works as being the capillary system, and which not only permeates all parts, but the minutest structural elements of the body. They are the blood-vessels permeating the structural elements just between where the arteries end and veins begin, and which may be regarded as the system of blood-vessels through whose walls the different tissues or structural elements of the body draw the nutrition from the blood. These blood-vessels or capillaries are so numerous in some parts of the body or organs, that the intervening spaces between them are smaller than the capillaries themselves.

The walls of these capillaries consist of a fine transparent homogeneous membrane. The whole capillary wall seems formed of cells; at various points of their meeting, roundish dark spots are sometimes seen, which receive the name of stomata (mouths), and it is through these mouths the structural elements of the body receive their nutrition from the blood; and through which the watery portion of the blood pours into the intervening spaces when opened, by the capillaries being highly congested or distended with blood. It is the pouring out of this watery portion of the blood into the intervening spaces that produces swelling and inflammation.

Pain.

The human body is supplied with a system of nerves, composed of both moter and sympathetic nerves. The former giving the mind complete control over the body, causing it to move at will, etc.; and the latter giving a sensibility to all parts of the body, the two working harmoniously together. If any part of the body, by exposure to danger, receive any injury or is hurt, the sensation of pain produced by the injury is immediately telegraphed to the brain, and that organ dispatches back to the moter nerves, supplying the part thus injured, to remove it from the danger to which it is exposed.

Without a system of sympathetic nerves, there could be no pain produced. To destroy the nerves supplying any part of the body, the part whose nerves are thus destroyed would wither and die; as it is through the system of nerves that each structural element of the body is empowered to perform its function, contract and expand to give mobility to the body, and renders the elements capable of receiving nutrition, and disposing of waste matter. Therefore, it is necessary that each minute element of the body be supplied with nerves, which must, like the capillaries, permeate all parts of the body, and which must do so through the intervening spaces of the minute capillaries; even the walls of the capillaries themselves are thus supplied with nerves. When any part of the body becomes congested and inflamed, these minute nerves occupying the intervening spaces, are not only likewise inflamed, but a higher state of sensibility is produced, and the capillaries being distended, lessens the space which they occupy, causing a pressure upon them, which still increases their sensibility, and thus produces pain.

The pain thus produced does not always confine itself to the parts which are affected, but is sometimes transferred to other parts of the body. In dyspepsia and constipation there may be pain in the left side. Diseases of the stomach produces headache, and a torpid liver will produce pain in the back part of the head. A diseased hip-joint produces a tenderness on the inner side of the knee, and a diseased uterus will produce pain in different parts of the body; as that in the small of the back, under the shoulder-blades, in region of left lung, sometimes in the breast and down the thighs. It interferes with digestion, and causes constipation which produces pain in the left side.

These pains and aches are symptoms of uterine diseases, but are treated by the general practitioner as distinct and separate diseases. Blisters, plasters, poultices, ointments and constitutional treatment are the means mostly used; but little or no benefit is ever derived from their use in this affection.

There are two great nerves which pass down on either side of the spinal column on the inner side, which originate in the brain and terminate at a point below the kidneys at the small of the back, at which place they form what is termed a nerve plexus, which might be compared to a telephone exchange, as this plexus throws out short lines or nerves to supply the organs in the lower part of the abdomen. The main lines throw off branches on their passage downwards to supply others higher up, as the stomach, intestines, etc. Thus the reader will see how closely these three organs, the uterus, stomach and the brain are connected by the system of nerves.

The pain produced by a diseased uterus is transferred to the solar plexus in the small of the back, which accounts for the pain at that point; this directly affects the stomach, which interferes with digestion and produces mental disturbances. It produces dizziness and sometimes pain with great heat on the top of the head. Disorders of the stomach will not only produce all manner of headaches but impoverishment of the blood will result, and the general health will soon show signs of depreciation. Many of the disorders produced by uterine disease reflect back and greatly aggravate the uterine trouble.

CHAPTER II.

LEUCORRHEA AND OTHER SYMPTOMS—ACUTE AND CHRONIC INFLAMMATION OF THE UTERUS—TREATMENT—APPLICATIONS TO THE UTERINE CAVITY.

Leucorrhœa and other Symptoms.

No disease or symptom in the whole list of female ills is so common as a leucorrhœal discharge; probably no woman ever goes through life without at some period, and for a variable time, suffering from it. It is only when it becomes annoying by its constancy, abundance or irritating properties, that it attracts attention and causes them to seek relief.

As a discharge of mucus or muco-pus is a symptom of urethritis, nasal catarrh and faucitis, so is it a symptom of a morbid state of the vagina and lining membrane of the uterus and Fallopian tubes, whatever influence is capable of creating it elsewhere may give rise to it here, and in this position it is as it is elsewhere only an isolated sign of a diseased state.

It is not by any means, however, always an evidence of inflammatory action. As many individuals upon exposure to cold will freely discharge mucus from the nostrils without any inflammation existing, so will many women suffer from leucorrhœa from any cause producing a temporary congestion. But in these cases the discharge is temporary, following or preceding the menstrual congestion or arising from fatigue or exhaustion. When it becomes permanent or acrid, its connection is with a morbid state. At such times it is always a symptom of some diseased condition of the uterus, Fallopian tubes or vagina, and its presence should lead to an investigation of these organs.

This discharge is of much the same nature as an obstinate discharge from the nose, and when profuse and of long standing is a symptom of serious organic disease. Its first appearance is indicated by a discharge of fluid of greater or less consistency, from the white of an egg to that of thick starch. The color at first may be white, from which it varies to light or deeper yellow, and at a later

period even a green or brownish hue. It is sometimes quite acrimonious in its action upon the mucous membrane and even the external parts it comes in contact with. It produces granular and cystic degeneration, vaginitis and pruritis vulva. Although these may be regarded as symptoms of a leucorrheal discharge, and in a great majority of instances, more particular in their chronic form, depend upon a discharge from the uterine, they are named and classed as separate and distinct diseases, which will be spoken of in their proper order.

The different menstrual derangements may be accompanied with a very distressing affection originating in the minute blood-vessels and glands that supply the secretion; these glands are especially involved in the morbid action. These blood-vessels, glands, and the *nerves* which permeate the intervening spaces (see page 15), together with connective tissue, form the mucous or lining membrane of the uterine cavity. These glands are imbedded in the substance of this membrane, and receive their nutrition from the minute blood-vessels, and constantly produce in the healthy state, a kind of mucus, which is designed by nature to lubricate the parts. It is this mucus, when greatly increased in quantity and altered in quality, that is called leucorrhea, from the two Greek words signifying a white flow.

Although a leucorrheal discharge is not in itself a malady of dangerous character, may prove the starting point for some of the most serious and rebellious uterine disease. The discharge may not only become very annoying, but will, when acrimonious in its character, produce disease in other parts by coming in contact with them. But notwithstanding this, it is not the discharge that should be regarded as being the serious part of the malady, but the morbid state of the parts effected, which is producing the discharge.

The affection is local but the effects are general, and no grave uterine trouble can effect the system any great length of time without reacting to a greater or less extent upon the general health. Paleness, pain in the back and loins, general exhaustion, chilliness, constipation, headache and loss of appetite, will soon follow. If long continued, these symptoms will be greatly aggravated. The nervous system becomes greatly disordered. The functions under its influence are badly performed, and as the local disease often comes on insidiously, and may exist for a length of time without

exciting suspicion, ladies are often led to believe that the depreciation of the general system is the cause of the local trouble, when it is the primary one, and is the cause of their suffering.

When uterine disease and constitutional derangement exist together, a cure can rarely be effected by general means *alone*, but the uterine affection being removed, the general health is at once improved.

A woman may linger along until there is a general prostration of the vital forces, sometimes to the last degree, and may from this enfeebled condition contract fatal diseases without ever showing uterine disease as being the primary cause.

There is a peculiarity in the appearance of persons affected with uterine disease that is very distinctive to those who are accustomed to investigate the disease. In some there is a half-circle of a bluish or yellow color surrounding the lower part of the eye lids. The complexion of some, a dark, sallow hue; in some the face is covered with brown spots; the lips in some are bloodless, and the action and general expression in all languid and unhealthful.

In the beginning of the disorder, but few symptoms will be noticed. A slight leucorrhœal discharge, a distress in the back or a sort of languid feeling may be present. As the disease progresses, she will complain of more or less pain in the back and loins, a dragging sensation in the lower part of the abdomen, great lassitude and often distress in the stomach. As time passes, and the disease gathers strength, she will complain of pain and distress in different parts of the body. She will suffer with depressed appetite from acidity and nauseous eructations, headache, pain under the shoulder-blades and in region of left lung; the skin is cold and sensitive to the least atmospheric variation; she will perspire but little, and complain of unusual heat on top of the head or burning pain, dizziness, faintness, palpitation of the heart, excessive coldness of the feet, pain under left breast, and a constant pain in the back; the face becomes pale, the eyes hollow, and she weeps without a cause; she becomes careless, impatient, and feel a sort of languor and dejection and sensation of strangling; in fine, she never exhibits the happy physiognomy characteristic of her sex. When the discharge is constant and profuse and of long standing, exhaustion is found to be the unfortunate result of this flux which never ceases and which seems to attract to itself all the secretions of all

the other excretions, and thus cause a drain upon the whole economy. The skin now becomes discolored; emaciation increases; the breasts are soft, the pulse small and frequent, and the breath fœtid; the eye-lids become bloated, the legs are cold, and the whole body dropsical. When at this stage she will complain of almost constant colic and of pains in the spine and loins, the hips and the stomach. She is tormented with thirst; the appetite is lost; she suffers from habitual pain in the stomach and obstinate constipation of the bowels, nauseous eructations and acid vomiting; the urine is dark colored and turbid. When it reaches this degree of severity she acquires a disgust and indifference for everything; her faculties become enfeebled; finally, moral debility and settled despair, together with hectic fever, exhaust the remains of strength, after having destroyed all that lends a charm to life.

No description can be more accurate than this; it will at once be recognized by the reader as applicable to her own or some other case that has been presented to her notice.

Persons who present the half of these symptoms (and they are all true in many cases) will most eagerly seize upon a cure by many of the miserable compounds which are so industriously heralded by their inventors as specifics for this malady if only enforced with sufficient confidence—but she will assuredly be disappointed.

Acute Inflammation of the Uterus.

Acute inflammation of the uterus is a condition which occurs quite frequently. Often running a rapid course; however, and ending in recovery or in chronic disease, it passes unrecognized in many cases.

This morbid process may attack the lining membrane of the cervix or of the body alone; or it may attack the whole uterine mucous membrane.

The most frequent causes of this affection is cold from exposure during menstruation, great mental anxiety or any other influence which suddenly checks the menstrual flow.

Symptoms.—Ordinarily the patient complains of pain, weight and dragging in the pelvis; pain in the back, groins and thighs; burning and pricking in the vagina, and a painful desire to pass the urine and to move the bowels. After four or five days there is usually a discharge of a glutinous or stick-like fluid, which, in eight or ten days becomes creamy, purulent and perhaps tinged with

blood; gaseous distention of the bowels and sensitive upon pressure, and bearing down pains in the uterus, show themselves in severe cases. Should the fluid discharged from the vagina be allowed to come in contact with the skin of the vulva, abdomen or thighs, an intense irritation is produced, which may go on to excoriation and the development of great itching of the parts.

Treatment.—In severe cases the treatment is such as can only be administered by the physician himself, or under his immediate supervision. Attacks in the milder forms may be controlled, however, by the use of hot poultices applied over the seat of pain; in either case, as soon as a free secretion of muco-pus begins to show itself the vagina should be gently syringed out three times daily with copious injections of very warm water. Under this plan of treatment the patient should be kept until recovery, or until admonished by time, that the disease has passed into its chronic form and requires different remedies; the acute attack generally lasting from a month to six weeks

Very mild cases usually run their course unobserved and need no treatment.

Chronic Inflammation of the Uterus.

When inflammation of an acute character affects the uterus, it has a marked tendency to invade the entire organ and to involve both cervix and body, but with chronic inflammation this is not the case. Being of a lower grade of intensity, it more strictly confines itself to the mucous membrane, and limiting itself to the body or cervix. Such limitation is, however, neither universal nor absolute, sometimes subjacent parts being more or less implicated, and at others the mucous membrane of the entire organ being simultaneously and equally involved.

When the inflammation is confined to the mucous membrane of the cervix, extending from the external to the internal os (see page 10), it receives the name of cervical endo-metritis. Of all diseases of the genital system of the female, this is without doubt the most frequent seat of disease giving rise to a leucorrhœal discharge. Exposed as the cervix uteri is to injury during coition, laceration from parturition and irritation from walking, riding and lifting, it is not surprising that its complicated investment should frequently become the seat of disease.

This affection, too, is a frequent source of menstrual disorders, and very commonly produces sterility.

The cavity of the cervix uteri is a fusiform canal, measuring about one and a quarter inches, beginning at the os intumum above and ending at the os externum below. On the inside walls of the cervix are ridges, from which folds are given off, which are arranged with regularity, and run obliquely upwards; this arrangement of the mucous membrane has received the name of arbor vitæ.

Between these folds numerous glands are seen, which are called by some the glands of Naboth or Nabothian follicles.

Cervical endo-metritis consists of inflammation of all this structure. The mucous glands are especially involved in the morbid action, the disease generally consisting in a glandular inflammation. The glairy mucus which is secreted in large amounts, as one of its symptoms is the characteristic discharge of these glands.

Symptoms.—Cervical endo-metritis may exist for a length of time without presenting any symptoms of sufficient gravity to warn the patient of its presence. Even a leucorrhea which is somewhat abundant, often fails to attract her attention. The answer to a question as to its presence will often be in the negative, in cases in which the practitioner will, on examination, discover a considerable amount in the vagina. In the great majority of instances the disease will soon announce its existence by some or all of the following signs. The first symptoms which will attract attention will probably be a dragging sensation about the pelvis. These will soon be followed by a pain in the back and loins, which will be very much increased by exercise or muscular efforts. Then a more or less profuse leucorrhea will be noticed, the discharge as it issues from the vulva resembles boiled starch or thick gum-water, and often irritating the vulva and vagina to such an extent as to produce inflammation in them. Menstrual disorders will now show themselves. The menstrual flow may be either too scanty or too profuse, too frequent or too unfrequent, and to a certain extent painful; sometimes, though not often, decidedly painful.

Usually before the disease has existed for a long period, the constitution of the patient will show signs of becoming implicated. She will become nervous, irritable, moody and sometimes hysterical. Her appetite will diminish and digestion grow feeble, so that impoverished blood will soon be observed as a result of impaired nutrition. With some or all of these signs of the existing disorder, the patient may con-

time for a length of time without suffering from others of more annoying or graver character. Complications may, however, rapidly develop themselves; cystitis, cervical hyperplasia and vaginitis coming on and proving exceedingly troublesome. At times pain during sexual intercourse constitutes a prominent sign of cervical disease, but it belongs rather to cervical hyperplasia than to endo-metritis, the former having added itself as a complication to the latter, and thus produced the symptom. Sometimes nausea, and even vomiting, may occur in this affection.

Chronic Corporeal Endo-Metritis.

Like the cervix, the body of the uterus is liable to inflammation confined to its lining membrane. This receives the name of chronic corporeal endo-metritis.

The lining membrane of the body contains numerous glands similar to those in the cervix, and if the surface of this membrane be examined with a lens, it will be seen to be studded with minute openings. These are the mouths of long, curling follicles, which project by their closing extremity downwards toward the substance of the walls of the uterus, forming ducts for the escape of the mucus secreted by the glands which are imbedded in the mucous membrane. Besides these glands there are intermixed with them mucous crypts, which sometimes become distended so as to form the so-called "channel polypus tumor."

Between these glands ramify numerous capillaries which dip down and form a network about their mouths so near the surface that they are sometimes seen by a strong glass completely uncovered and even projecting like short, fine hair, into the cavity. It is the rupturing of these small blood-vessels or capillaries during menstruation that gives rise to the hemorrhage. The utricular follicles (bladder shape) are the seat of the disorder, and it is the exaggeration of their secretory function that is due to uterine leucorrhœa which constitutes one of its prominent symptoms. When the lining membrane is thus affected, and examined after death, it is found to be swollen, soft, pale and smooth, or covered over with granulations. In cases which have lasted for a long time, the utricular glands are in great numbers obliterated, or, atrophy having taken place at their mouths, which close, and their secretions are then retained, and they are distended into cysts.

At times small mucous polypus tumors are found in the cavity,

while at others a closure of the internal os having been affected by adhesion, and the cavity of the fundus itself filled with decomposed mucus.

This affection, although not so frequent as the cervical form, is always more grave in its character, and when of very long standing, may resist the most scientific treatment that can be given. In most cases, however, a certain amount of amelioration may be effected even when they are of long standing; in a certain number treated early, cure may unquestionably be accomplished; while in a few, nothing whatever, either in the way of cure or relief can be obtained, and the patient, after passing from physician to physician, settles down into a careful mode of life, resolved to cease treatment and bear as best she may an evil which she has learned to regard as incurable.

Ladies who have passed from physician to physician, and have thus settled down, are not, however, always incurable. Indeed, many of them, when subjected to proper treatment, the affection they have regarded as incurable will often admit of a speedy cure. Incurable cases are not any more frequently found among these than among those who have never been under treatment.

When a lady, on presenting herself to a specialist of experience and ability, tells him that she believes her case is incurable because she has been to so many different physicians, and perhaps also to some great institution in the city where these diseases are made a specialty, he does not regard this as evidence having one scintilla of weight as proof of her case being incurable. Indeed, he may have patients under his treatment at the time who have never been to other physicians for treatment, whose disorders are far more serious in their character than those are who have run the gauntlet.

The symptoms of a favorable and unfavorable case of corporeal endo-metritis may be thus contrasted :

FAVORABLE WHEN	UNFAVORABLE WHEN
The case is of recent standing;	The case is of long standing;
The discharge is of mucus or blood;	The discharge is purulent;
Dysmenorrheal shreds are not cast off;	Dysmenorrheal shreds are cast off;
Patient naturally of strong constitution;	Patient of a feeble constitution;
Dimensions of cavity are not increased;	Dimensions of cavity are increased;
Nervous system is not involved;	Nervous system is involved;
Patient near menopause;	Patient not near menopause.

The predisposing causes of this affection are: Scrofula; tuberculosis; impoverished blood; exhaustion from parturition; exhaustion from lactation; great and prolonged nervous depression.

The exciting causes are: Exposure during menstruation; sudden checking of the menstrual flow; obstruction to escape of menstrual blood; cervical endometritis; sub-involution; displacements causing great congestion; tumors in the uterine cavity or walls.

It is quite clear how either of the first two cases in checking hemorrhage from the congested mucous lining of the uterine body may at once induce the first stage of the disease. They generally result in the acute variety which passes off rapidly, but which sometimes ends in the chronic form.

Obstruction to the escape of menstrual blood is a very fruitful source of the affection. The menstrual blood, if it pour at once into the vagina, remains fluid from admixture of the mucus secreted by the lining membrane of that canal; but if it be imprisoned in the uterine cavity, where the secretions contain different properties, it very soon becomes clotted. These clots are too large to pass through a cervix of normal dimensions, and, of course, cannot escape from one unnaturally constricted. Their presence in the uterine cavity, together with that of blood which they imprison, in time excite contraction, as is produced in labor, by which they are expelled. This repeated dilatation and contraction cannot last long without exciting inflammation in the mucous membrane of the uterus. Such an obstruction may have as its cause a small tumor which acts as a ball valve at the internal os, congenital or acquired narrowness of the cervical canal or uterine flexion.

Painful menstruation is always a sign of these obstructions.

A woman may suffer during these periods for a time, who is otherwise enjoying excellent health, but when, by these repeated dilatations and contractions, inflammation of the lining membrane becomes established, the pain will not only be increased, but she will suffer more or less between the periods, and the general health will soon show signs of depreciation. She has then contracted a malady which may, if neglected, become incurable.

Sub-involution of the uterus (see page 13), keeps up a constant tendency to create an excess of blood in its structure which affects the lining membrane.

As a complication of this condition, inflammation of the lining membrane is more commonly observed as a consequence than of all the other causes combined

Tumors in the cavity, or in the walls of the uterus, very generally produce this disease in consequence of the congestion of the mucous membrane which they cause.

Symptoms.—The chief symptoms which usually present themselves in a case of mucous inflammation of the uterine body are—

- Leucorrhea ;
- Menstrual disorders ;
- Pain in the back and groins ;
- Nervous disorders ;
- Pain in the lower part of abdomen ;
- Abdominal distention ;
- Symptoms of pregnancy ;
- Sterility.

Profuse leucorrhea of a glairy character is one of the chief signs of the affection.

Menstrual disorders are rarely absent. The discharge is sometimes too profuse, even lasting throughout the month, or it is very scanty, and shows a marked tendency to cessation.

Pain in the back, groins, and lower part of the abdomen is generally present, and at times a burning sensation over the pubes and proves a source of great discomfort. There may be numbness, or pain down the thighs, and a burning pain on the top of the head.

Nervous symptoms of greater or less severity generally show themselves before the disease has lasted long. She complains of neuralgic headache, especially over the crown, sadness, tendency to weep, and a feeling of intense isolation and incapacity for any mental effort.

Symptoms of pregnancy often exist in connection with the disease, sometimes there is darkening of the skin around the nipples, and enlargement and sensitiveness of the breasts.

Sterility is so commonly a result of inflammation of the lining membrane that it should be considered as one of its signs. The affection does not, however, preclude the possibility of conception ; it only diminishes the probability.

This disorder often lasts for years ; in a woman who has never borne children confining itself to the mucous membrane ; in that of a

woman who has borne children gradually exciting congestion and involving the deeper tissues or structure of the uterine walls.

The disease involving the body of the uterus or its lining membrane, is always more or less serious in its character. It not only produces distressing symptoms, but if neglected may finally become incurable. This being the case, it will be well to point out the symptoms characteristic of this particular disorder. While the general effects and many of the symptoms arising from the various uterine diseases are the same, there is nearly always one or more symptoms, which are peculiarly characteristic of this or that affection. When there is darkening of the skin around the nipples, tenderness and enlargement of the breasts just before and during menstruation, and a numbness, or dull pain down the thighs we may be pretty sure the body of the uterus is affected.

When this affection is the result of subinvolution, which, as before stated, is one of its most frequent causes, the first noticeable symptoms will be a bearing down sensation in lower part of the abdomen, dizziness and a profuse leucorrhea. Then all the other symptoms peculiar to this affection will soon be present.

These symptoms ordinarily begin to show themselves in from six to twelve months after parturition; however, the time will vary in the different individuals, in some the symptoms may show themselves soon after labor while in others, it may require one or two years, or even longer.

The Fallopian tubes entering the uterus on either side at the upper extremity of the cavity, and, as the lining membrane of these tubes is simply a continuation of the lining membrane of the uterus the disease has a tendency to invade one or both of the tubes, which, when once invaded, constitutes one of the so-called incurable cases. The parts thus affected are not accessible for local applications, and such a course would be a hazardous one even if they were.

Treatment.—Special attention should be given to sustaining and improving the general health of the patient, which will often show a marked tendency to depreciation. Good diet, fresh air, systematic exercise, and avoidance of all circumstances calculated to depress the spirits or harass the mind. All rich and highly spiced food should be avoided.

The uterus should be placed at rest by removal of pressure upon the fundus by clothing, limitation of marital intercourse, avoidance of violent and intemperate exercise, and if necessary by a sustaining sup-

port. Should displacements exist it should be carefully rectified; should laceration of the cervix exist it should be repaired, and in cases of uterine enlargement or sub-involution being present, appropriate means should be employed to reduce it to its normal size.

Applications to the Uterine Cavity.—Direct applications to the diseased surface of the lining membrane, either in the body or cervix, must be made; which can only be done by an experienced physician, who is prepared to administer such treatment.

While general means or constitutional treatment is often very essential and should not be overlooked, it is to local applications we must look to for relief and cure.

The means of applying these local remedies, their general and particular nature, are treated of by various medical authors of authority on such subjects, and are supposed to be known to every intelligent physician who makes these diseases a specialty.

In order to put the patient upon her guard, that she may not be imposed upon by those who neither understand the disease nor how to cure it, and the physician who treats them when requested to do so, merely to hold his patient, it will be well to state, that remedies of a soothing nature locally applied, will do no good; as the nature of the disease is such, that it is only by effecting a complete eradication or destruction of the diseased tissue, can a cure be effected.

Probable, among the numerous remedies, a solution of nitrate of silver is the most frequently used. Indeed it is exclusively used by many of the general practitioners and even by some of those who make these diseases a specialty. This, under no circumstances should be applied to the lining membrane of the fundus in treating this affection, and only in rare cases can it be used in treating the lining membrane of the cervix, without doing more or less injury to the patient.

Nitrate of silver is an excellent remedial agent to destroy the diseased tissue or to eradicate the disease in this affection, but owing to its contracting the tissue or structure, will often leave the patient in a worse condition than she was before the treatment. The effects of an application of nitrate of silver, is the same as a burn with a hot iron, and the tissue will contract just the same; and in many instances when used, will cause the canal of the cervix to close, preventing the escape of the menstrual flow.

Physicians who use this remedial agent in treating this affection, will occasionally be called upon to plunge the knife into the uterus before menstruation can take place.

There is a tendency in some cases for the canal of the cervix to close, and physicians should avoid the use of all remedial agents, that have a tendency to contract tissue.

There are remedial agents in use, which are poisonous, and if a sufficient quantity should be introduced into the system, would destroy life.

There are still others, which do not possess the properties necessary to destroy the disease; neither will our best remedial agents if used with insufficient strength.

The only secret in successfully treating these affections is: 1st, in being able to detect and locate the disease; 2d, in ascertaining the nature of the disorder; 3d, in being familiar with the best and safest remedial agent; 4th, in knowing how, when and where to apply them.

Physicians may even fail, with the best remedies, by applying them too frequent or too infrequent.

The surface of the lining membrane, to which these applications are made, is in a raw state. But the tissues or structure of the mucous membrane is not so deeply affected in some parts, as it is in others, consequently those of lesser depth require fewer treatments. But as the canal of the cervix and cavity of the fundus is very small, and it being impossible to apply the remedy on some particular parts and not on others, it is necessary that the remedial agents thus employed be of sufficient strength, or powerful enough to destroy diseased tissue but not so powerful as to destroy or affect healthy tissue or those parts which have healed.

The intervals between each treatment should be a sufficient length of time, to allow all parts in which the disease has been destroyed, to heal, before repeating the applications. The time required varies in different individuals. When the general health is good the applications can be made at shorter intervals than when there is a depreciation of the general health.

The pain produced by these applications will depend upon the degree of sensitiveness of the parts when the applications are made. The uterus, when in a normal state, is not very sensitive.

In acute inflammation it is very sensitive; but as these applications are only made when the disease is in the chronic form, the pain is not so great. Indeed some scarcely know when the applications are being made.

CHAPTER III.

DISPLACEMENTS OF THE UTERUS—AREOLAR HYPERPLASIA—LACERATED CERVIX—GRANULAR AND CYSTIC DEGENERATION.

Prolapsus.—The name of this disorder defines its character with sufficient clearness. It is of frequent occurrence, and under the name of Falling of the Womb is well known to women and constitutes for them an object of especial dread. As almost all women after the period of fruitfulness has passed, have intuitive fear of cancer of the uterus, so do a large number before that time manifest an apprehension of prolapsus. In the one case the anxiety is for life, in the other for usefulness and comfort.

The causes of prolapsus are numerous. Among the most frequent are: Child bearing, laborious occupation, habitual constipation, tumors, retained fluid, loss of tone in uterine ligaments, violent coughing, violent muscular efforts, tight and heavy clothing, straining at stool, etc.

Symptoms.—The symptoms of prolapsus are dependent upon two results growing out of the displacement: The mechanical interference of the womb with surrounding parts, and alteration induced in its circulation and structure by reason of its abnormal position. The uterus may for a time remain even on the floor of the pelvis without any marked symptoms, but generally congestion, enlargement, and granular degeneration occur, which render it sensitive and intolerant to pressure or friction. At the same time by dragging upon the bladder, rectum, and all the pelvic areolar tissue, which it was not designed by nature to touch, produces discomfort and often impedes locomotion to a great extent.

The most prominent symptoms thus created are the following:

- Sensation of dragging and weight in the pelvis;
- Rectal and bladder irritation;
- Pain in back and loins;
- Great fatigue from walking;
- Inability to lift weights;
- Leucorrhœa and other signs of congestion.

Complications.—Prolapsus of the uterus usually produces the following complications:

- Congestion of the uterus and its appendages;
- Inflammation of the lining membrane of the uterus;
- Inflammation of the fallopian tubes.
- Enlargement of the uterus;
- Cystocele and rectocele.

As soon as the uterus descends into complete prolapsus, its structure becomes congested, and appears swollen, soft, and relaxed. In time this swollen and congested condition induces a new growth of structure. As a consequence the uterus is enlarged, and increased in weight and capacity. The walls of the uterus are not only affected but the lining membrane is likewise affected, and inflammation is the inevitable result of this displacement.

In consequence of these secondary morbid states, there will be leucorrhœa, dilatation and eversion of the os uteri, disorder of the bladder and rectum, and sometimes inflammation of the bladder.

Sudden Prolapsus may come on from any great effort, a fall, or violent contraction of the abdominal muscles, acting upon a uterus which is enlarged by inflammation, sub-involution, pregnancy, or tumors. It may occur to a uterus normal in size. In an instant she feels that something has given away within her, becomes prostrated and much alarmed, and suffers pain of an expulsive character, as if desirous of forcing something from the pelvis.

Antiversion.

This disorder of position consists of falling forwards of the uterus. The body of the uterus lying in front and the cervix back into the hollow of the sacrum.

The causes of this affection are such as congestion of the uterus sub-involution, fibroid tumors, pregnancy, lacerated cervix, violent efforts, tight clothing, relaxation of the ligaments or uterine supports.

Enlargements from any cause will produce it.

Symptoms.—The symptoms are the same as in prolapsus, except that it is more likely to produce bladder trouble by the body of the uterus pressing directly upon the bladder or urethra; and sometimes exciting inflammation of these parts; and by pressure of the cervix against the rectum may so close the mouth of the uterus as to pro-

duce painful menstruation, and the pressure on the rectum, rectal trouble.

Antiflection.

This, which is one of the most frequent of all uterine displacements, consists in a bending or doubling up on itself so that the body and cervix are bent more or less sharply forwards.

Symptoms.—A certain degree of this displacement may exist for years without the development of symptoms. Very generally, however, obstruction to the veins preventing the return of the blood at the point of flexure producing congestion which increases, the displacement, disturbs the nervous system, disorders the uterine functions

Then the following symptoms develop themselves:

- Pain in the lower part of abdomen, groins, and back;
- Irritable bladder;
- Leucorrhea;
- Painful menstruation and sterility;
- Nervous disturbances and dispondency;
- Pain on locomotion;
- Pain on sexual intercourse;
- Tendency to miscarriage;
- Pelvic neuralgia.

In some cases there is a morbid and invincible aversion to walking, partly arising from physical and partly from mental causes.

Retro-version and Retro-flexion.

Retro-version consists in a falling backwards of the uterus, so that the body of the uterus lays on the rectum and the cervix towards the bladder.

Retro-flexion is said to exist when the body of the uterus is bent towards the rectum.

Among the many causes producing retro-version and retro-flexion are:

- Fibroid tumors;
- Subinvolution;
- Enlargement of the uterus;
- Pregnancy;
- Congestion;
- Muscular efforts, falls;
- Distended bladder;

Tight bandages after parturition;
 Tight and heavy clothing;
 Parturition;
 Prolapsus of the vagina.

Of all these causes the two most frequent are decidedly prolapsus of the vagina, (see page 13), and enlargement of the organ by growth, commonly the advanced stage of subinvolution of the uterus. All the others named are sometimes met with, but compared with these they are insignificant causes.

Symptoms.—Posterior displacements or falling backwards of the uterus produce annoying symptoms by creating congestion of the uterine body, obstruction to the cervical canal by the sharp curvature or flexion, causing pressure on the rectum, congestion of the ovaries, and reflex nervous manifestations. Through so many avenues of approach it may well be supposed that the symptoms are numerous. They are as follows:

Severe backache;
 Weight in rectum with desire to evacuate the bowels;
 Menstrual derangements;
 Tendency to miscarriage;
 Pain on sexual intercourse,
 Pelvic neuralgia;
 Bearing down in lower part of bowels;
 Disordered stomach;
 Uterine colic;
 Expulsive uterine contractions.
 Sterility or barrenness.

The ordinary consequences of this affection are:

Painful menstruation;
 Inflammation of the lining membrane;
 Sterility;
 Enlargement of the uterus by growth;
 Pelvic peritonitis;
 Piles or hemorrhoids.

There are two conditions which render the chances of cure in this affection unfavorable: where the uterus is bound down by strong adhesions; and where the organ contains in its wall a fibrous tumor.

Treatment—The first indication in all uterine displacements is to restore the uterus to its place by mechanical means, to reduce the

organ to its normal size, and local applications to lining membrane, if inflammation of the lining membrane exists and further, appropriate internal remedies to give strength and vigor to the general system.

We will not enter into an explanation of the treatment in this complicated affection as the reader could neither detect the various complications, nor cure it by possessing all we could impart of such knowledge.

There are several very important matters in regard to uterine displacements, however, which I particularly wish to impress upon the mind of the reader.

In all cases of uterine displacements, whether simple prolapsus, falling forward, backward, or doubling up on itself, has a tendency to increase the uterus in size and weight. This not only increases the degree of displacement, distressing symptoms, depreciation of the general health; but each year, month, or even a week adds to the chances of its incurability.

In all uterine displacements, not only are the uterine supports put on a strain, but the nerves and blood-vessels are likewise affected. The former giving rise to distress or pain, the latter, more particularly when the uterus is tilted forward or backward putting them on a quarter twist impedes the blood circulation from being in a constricted or twisted condition. The heart having sufficient power to force the blood through the constricted blood-vessels to the uterus, and the return blood being impeded, the uterus is kept in a high state of congestion. Inflammation of its lining membrane and hypernutrition affecting the structure of the whole uterus will be the unfortunate and inevitable result of this congested state.

When a congested state produces hypernutrition, the structural elements, or substance of which the uterine walls are formed, are constantly being over-fed; this is the result of an over-production of the nutrient elements, which are produced by an excess of blood in the highly congested or distended capillaries.

To illustrate this more clearly, we might compare the uterus to an animal; for when the animal has arrived at the age of adult life, if it be given a certain amount of food daily, it will neither gain or lose in weight. But if the nutrition in the blood, from which all structural elements of the body are formed and fed, and which is derived from the food taken into the body, be increased by larger

quantities of food being given, hypernutrition will be the result, and the animal will immediately increase in size and weight.

The very elements of which the substance of the uterus is formed, seem endued with powers peculiar to themselves; and which, by the attachment of a fecundated ovum or egg within its walls, excite to action to gather unto themselves new elements peculiar to their structure, which increases the volume of the uterus, and which was designed by nature to empower that organ, to undergo structural changes, for the purpose of accommodating, enveloping, protecting and nourishing the precious fruit which it bears. Thus susceptible to nervous influences, need it be wondered at, when an organ thus peculiarly constructed and controlled, may be excited into action by other causes.

The uterus may, and indeed often is enlarged by inflammation, and which may retain and even become larger, by the swollen condition being gradually replaced by the formation of new elements or growths, which are produced by an over-production or increased supply of the nutrient elements produced by the congested or distended capillaries.

When the uterus is increased in bulk by an enlargement of the structural elements already existing, it receives the name of hypertrophy, and which condition may be regarded as being similar to a swelling; but when increased in bulk by an increase in the number of its structural elements it receives the name of areolar hyperplasia, and may then be regarded as being similar in character to an actual growth; which it is.

The idea herein wished to be conveyed to the mind of the reader, is, the peculiar tendency of the structure of this organ, in all enlargements caused by congestion or inflammation, to change from hypertrophy to that of areolar hyperplasia, or in other words, from a swelling to that of an actual growth: and which, when subjected to treatment, the time required to affect a cure will depend in a manner upon the degree to which this change has taken place; for when the uterus, although it may be very large, is flabby and soft, it yields readily to treatment when appropriate means are employed, and in many instances will admit of a speedy cure. While those which have advanced to a greater degree of density, require longer time, from which the time required will vary according to the degree of density which has taken place; some having advanced so far as to resist the most scientific treatment that can be administered.

It not infrequently happens, that after the uterus has become thus enlarged, induration or a hardening of the uterine walls take place. The whole organ then decreases in size, which may take place to such an extent as to close the canal of the cervix, and the substance of the walls as hard as cartilage or soft bone, which, when cut with a knife will produce a crackling sound.

This condition not only obstructs the menstrual flow, but is incurable except by amputation; and this is also the condition on which cancers form; and which are also, incurable.

There are other changes which the uterus undergoes, that are just the opposite to the one last named. Instead of the whole uterus being affected by areolar hyperplasia, and induration taking place, the affection is localized or confined to some particular part of the uterus, which results in the production of fibroid tumors. This is of frequent occurrence, and is an affection which is found in a large per cent. of the cases presented to the specialist for treatment. These tumors may be located either between the lining membrane and uterine wall, in the wall or near the outer surface. The first projecting in the uterus and surrounded by its walls, the second projecting equally both inward and outward, and the third forms on the outer side of the uterus, and thus situated may not produce menstrual disturbances. Those in the wall may, and those on the inside always produce more or less disturbances.

The usual signs when tumors exist, are menstrual disorders, irritable bladder and rectum, pain through the pelvis, profuse leucorrhœa, painful menstruation, and watery discharges from the uterus.

These signs are not always present. This will depend upon the location of the tumor.

Those projecting outside of the uterine walls may show none, except abdominal pressure after they have attained considerable size.

The greatest danger to be apprehended in this affection are in those which do not produce distressing symptoms; for this class of patients seldom present themselves for treatment until the time has passed in which a cure might have been effected.

Owing to the peculiarity of these affections, the treatment required, the manner in which it is applied, and woman's delicacy in submitting herself to the treatment, induces her to try every known means, she can use herself, that is recommended to her for these affections; she will even be induced to purchase and use many of the mis-

erable compounds which are so industriously heralded by their inventors, as specifics for this malady, if enforced with sufficient confidence.

When the general practitioner, with all his skill, and knowledge in medical science, fails to cure a single case of uncomplicated uterine disease, how can a woman, who does not know the action of a single drug, and much less about the parts to which the remedy should be applied, expect a cure, or even temporary relief?

The specialist does not only have a great variety of uterine diseases to contend with, but the wide variations in the numerous complications arising from the original disorders, the different physical constitutions and the different stages of the disorders, which require special management in both local and constitutional treatment, and which requires care and skill to effect cures. In view of this fact how can a woman, even if she possessed all the knowledge that could be attained from books, or be otherwise imported to her, I repeat again, how can she even hope to accomplish a cure.

I admire the judgment and good sense of a woman who will profit by the experience of others in their failing to secure relief either by the miserable compounds or from the general practitioner who, perhaps has never, in his whole professional career, devoted an hour's study to this class of diseases, refuse to be imposed upon, and who, regardless of timidity or false notions of modesty, present her case early to the specialist or experienced physician of unquestionable ability in these affections.

Areolar Hyperplasia of the Uterus.

Enlargement of the uterus by areolar hyperplasia is of great frequency, but confines itself mostly to child-bearing women; although it does sometimes occur in those who have never borne children. The vast majority of cases being directly or indirectly the result of parturition.

To fully comprehend this part of our subject it is necessary to bear in mind the component or elementary parts of the healthy uterine structure. The walls consist of five elements: 1st, smooth muscular fibers; 2nd, round and oval nuclei; 3d, homogeneous connective tissue, which permeates the structure and binds together the fiber cells and nuclei; 4th, connective tissue or white fibrous tissue and 5th, elastic fibrous tissue. These elements, together with nerves, blood-vessels and lymphatics, make up the tissue or structure

of the uterus, which is covered by a serious membrane externally and a mucous membrane within.

No sooner does this structure feel the stimulus of conception (pregnancy) than it develops rapidly, partly by growth of already existing structures and partly by a new formation of tissue. The round or oval nuclei rapidly develop into fusiform cells, and these rapidly grow into colossal cells which grow longer and more powerful as pregnancy advances.

"A new formation of muscular fiber also take place," the connective tissue elements grow proportionately and the blood vessels enlarge.

Parturition occurs, and almost immediately a retrograde evolution begins to restore the uterus to its original consistency or normal size and shape. The fully developed fibers undergo a fatty degeneration (a turning to fat); the fat thus formed is absorbed, and the organ rapidly diminishes in size and weight. This fatty degeneration affects the organ after the fourth day subsequent to delivery, (birth), and, the commencement of a new formation of muscular fibers is recognized in the fourth week after labor, in the form of nuclei and candate cells. At the end of the eighth week the uterus has returned to its normal size.

Certain untoward influences may retard or check this process, and the uterus remain flabby and large, when it is then said to be in a state of sub-involution or arrested retrograde evolution.

This condition of the organ consists in the elements of the different structure retaining a portion of the natural enlargement consequent upon impregnation.

The condition of the uterine cavity is important. It is always increased in size, the glands of the cervix are usually enlarged, and upon the lining membrane the fungoid growths are commonly developed.

As time passes the uterine walls diminish in size, their structure grows less vascular, the blood-vessels become smaller, and the uterine cavity assumes smaller dimensions. But the organ does not assume its original size; it remains large, dense, firm, and sensitive; for years presenting the characteristic appearance of what was formerly known as chronic inflammation of the uterine walls.

Arrest of involution after labor is an occurrence of very great frequency. It constitutes the chief cause of all chronic uterine dis-

orders in married life and for this reason its importance cannot be over-estimated.

This constitutes the explanation of the fact that so large a number of women with uterine affection refer their illness to child-bearing, and that so many who are well until that process remains invalids afterwards. Go back to the commencement of all serious cases of uterine diseases, and a very large proportion will date from parturition.

Compared with interference with involution, all other pathological influences become comparatively insignificant as causes of this condition; nevertheless they must receive due weight. The tissue or substance of the virgin uterus presents a structure unfavorable to this disorder. That of a uterus once affected by pregnancy offers a more propitious field for its development.

Displacements of the uterus at first result in passive congestion; this being kept up, an increase of its structure takes place. Fibroid tumors keep up a constant nervous irritation that induces an excess of blood, which proves the first step towards this affection.

Chronic inflammation of the lining membrane, ordinarily extends to the layers of structure immediately adjacent to the diseased mucous membrane. In some cases the disease passes into the structure of the uterine wall. Thus in chronic inflammation of the mucous membrane we sometimes find cervical enlargement and so with the disease in the cavity of the body. Where the uterine structure has never undergone changes incident to pregnancy, inflammation will continue for a long period without exciting hyperplasia or new growth, but where such changes have occurred, the more loose and permeable structure offers itself as an easy prey to the morbid process. Thus inflammation of the lining membrane of the cervix will continue for years in a virgin without any apparent enlargement of the structure of the neck, while such a result soon follows in a woman who has borne children. Under these circumstances the enlargement is not due to any thing absolutely connected with child-bearing. Parturition has made it possible, and inflammation of the lining membrane the exciting, or starting point of the disease.

The pre-disposing cause of this affection may be enumerated as:

- A depreciation of the vital forces from any cause;
- Constitutional tendency to tubercle or scrofula.

A state of impoverished blood;
 Parturition;
 Prolonged nervous depression;
 A torpid condition of the intestines and liver.

The exciting causes are the following:

Over exertion after delivery;
 Pelvic inflammation due to parturition;
 Laceration of the cervix uteri;
 Displacements;
 Inflammation of lining membrane;
 Tumors;
 Heart diseases;
 Excessive sexual intercourse.

After delivery many of both these sets of causes are developed by the pernicious system of management which nurses frequently adopt. The nerve and blood state of a woman are depreciated by starvation, impure air, and disturbance of sleep by attention to the wants of a child, while the enlarged uterus is forced into displacement and the congestion which it induces, by a very tight bandage, rendered still more hurtful by a thick pad over the uterus.

Symptoms.—It is impossible to present the symptoms of this condition entirely separate from those of complications which very commonly attend it, such, for example, as displacement, laceration of the cervix, ovarian congestion, granular cervix, etc. These states of course produce symptoms of their own which mingle with those of the main disorder. The symptoms then, which are due to areolar hyperplasia and its almost inevitable complications, are the following. If the cervix alone be affected there are:

Pain in back and loins;
 Pressure on bladder or rectum;
 Disordered menstruation;
 Difficulty of locomotion;
 Nervous disorder;
 Pain on sexual intercourse;
 Dyspepsia, headache, and languor;
 Leucorrhœa.

If the affection be general, or in the body of the uterus, graver symptoms manifest themselves. Chief among these are—

A dull, heavy, dragging pain through the pelvis, much increased by locomotion.

Pain on defecation and coition;

Dull pain, beginning several days before menstruation, and lasting during that process;

Pain in the breasts before and during menstruation;

Darkening of the skin around the nipple;

Nausea and vomiting;

Great nervous disturbances;

Pressure on the rectum with tenesmus and hemorrhoids;

Pressure on the bladder with vesical tenesmus;

Sterility.

It must not be supposed that all these symptoms occur in all or even the majority of cases. In many cases few, and some almost none of them will be recognized. This will depend in a manner, upon the degree of severity, stage of the affection, and complications which usually follow.

This is the affection which may arise from many of the different uterine disorders, and the one in which the uterine structure undergoes changes which may never be brought back to the normal.

This is the affection spoken of and dwelled upon, beginning on page 38 in this chapter.

This is the affection that sometimes come on so insidiously, that we are hardly aware of its presence before we are completely enfolded in its mighty grasp.

This is the affection which changes the uterine structure from hypertrophy, or subinvolution, to areolar hyperplasia and which in time may resist all treatment.

This is the affection which may, if neglected, cause pain, suffering, and misery for the remainder of her life.

This is the affection which sometimes changes the once bright and happy home to one of gloom and darkness.

This is the affection which may not only make life a burden, but opens the door to fatal diseases.

This is the affection which should not be neglected a month, week nor even a day, though its presence be only suspected.

This is the affection which sometimes results in tumors, and malignant diseases, which all conscientious gynecologists dread to meet.

This is the affection which produces pain, aches and misery that never cease.

This is the affection that steals all happiness and pleasure, and the one which sometimes drives woman to despondency and despair. Indeed there is no end to the misery it produces in some cases.

Every woman who becomes a mother is liable to it, and the foundation of which may be laid through carelessness or inattention to what is beneficial or hurtful after the parturient act.

This is the affection she dare not neglect as she may other uterine disorders until she can endure the suffering no longer.

This is the affection woman can not afford to let fear or false notions of modesty prevent her from seeking immediate relief, if she does not wish to forever afterward remain an invalid.

This is the affection which usually admits of speedy cure while in its first stages, but may resist all treatment later in life.

This is the affection which the chances of cure will often depend upon the degree to which the change has undergone from congestion, inflammation or subinvolution to areolar hyperplasia, or a large, firm, and painful uterus.

This is the affection which, if properly guarded against by the attending physician after parturition, would seldom, if ever, occur.

This is an affection produced by conditions which result from inattention, negligence or ignorance on the part of the attending physician after the parturient act.

Six weeks or two months after delivery every parturient woman should be examined as to the condition of the perineum, cervix and uterus. An examination at the time a parturient woman should be discharged from the obstetrician, the end of the period of involution, and not the ninth day as is now generally done, would reveal the true condition of things, and in a great many cases avoid for women lives of suffering and invalidism.

It is the general practitioner's negligence, that furnishes to the specialist a large majority of his patients.

Laceration of the Cervix.

This consists of a tearing of the vaginal portion of the cervix uteri during labor either partly or entirely through the structure which composes it.

Laceration of the cervix is of frequent occurrence. This may be partial or entire; the lesser degrees are described as fissures, partial

laceration when the mucous membrane or middle coats are torn through, the outside lining intact, and complete where the whole texture of the canal is involved in the rupture.

i. Laceration of the cervix, occurring as it does during labor, is apt to interfere with involution of the uterus. (See page .) This influence may be very slight or very marked, the degree generally depends upon the extent of the injury inflicted. As a result of the accident, the cervix or the whole uterus remains enlarged; cystic hyperplasia (enlargement of the muscous glands) affect the lining membrane; hypersecretion (an excess of secretive fluids) at once takes place very markedly; and granular degeneration, (the surface of the vaginal portion of the cervix in a raw state) with eversion, (a partial turning inside out) of the lining membrane occurs. This combination makes up the condition formally characterized as inflammatory ulceration of the cervix.

Symptoms—Pain in the back and loins;

Sense of "bearing down;"

Profuse leucorrhea;

Neuralgia of the cervix;

Increased or diminished menstrual flow;

Discomfort in walking;

Sterility;

Disinclination for sexual intercourse.

All these of course may not occur in any one case, some cases present some of them and some others.

The results that follow laceration of the cervix are subinvolution, granular and cystic degeneration, simple hypertrophy or areolar hyperplasia, the various displacements, and malignant diseases.

Treatment—This may be palliative or curative, the former being appropriate to cases in which from any cause an operation cannot be performed. Palliative treatment consists in the use of copious medicated warm water injections, evacuation of the enlarged glands (see cystic degeneration, page 45) by puncture, applications of alteratives, removal of all superincumbent weight, and giving direct support to the uterus by the use of cotton pluggets; &c; reducing the organ to its normal size, and by the use of constitutional treatment to give tone, strength and vigor to the entire system. The latter is of very much importance, not only in this, but in all uterine affections, and should be closely adhered to.

Curative treatment consists in repair of the laceration, after the patient's general condition has been rendered good, and the affected parts have been properly prepared for operation by the palliative course just mentioned.

It may be well to state, however, that a large majority of these lacerations are remediable by palliative treatment *alone*. If it become the rule of practice that all cervical lacerations should be closed without reference to their pathological influences, many women will be exposed to operation without cause and without compensation. Too many of our general practitioners rely wholly upon the knife as a remediable means for this affection.

Granular and Cystic Degeneration.

Granular degeneration of the cervix is of frequent occurrence, and has been described by former writers under the names of erosion of the cervix, granular ulcer or epithelial abrasion. It consists in the development of a surface of granular character on the smooth surface of the vaginal portion of the cervix, and just within the mouth of the uterus; and if sufficiently severe in its character will produce eversion of the os uteri, and at such times greatly resembles proud flesh or indolent sores.

Symptoms.—Should granular degeneration exist with trivial disorder of the uterus of any other kind, very few symptoms may exist. Indeed a profuse leucorrhea is sometimes the only one which she may complain of. Ordinarily, these are the symptoms which will be noticed in a case of the more serious kind:

- Profuse and purulent leucorrhea;
- Pain and hemorrhage after intercourse;
- Excessive hemorrhage at menstrual periods;
- Hemorrhage between periods;
- Pain on locomotion;
- Fixed pain in back and loins;
- Nervous diseases and sometimes hysteria.

Treatment—This affection being generally a secondary disorder, engrafted upon a pre-existing one, such as displacements, inflammation of the lining membrane of the cervix, inflammation of the mucous membrane of the vagina, or enlargement of the uterus, which should be sought for and both should be treated simultaneously.

Cystic or Follicular Degeneration of the Cervix

This form of disease, though not so frequent as that last mentioned is by no means rare. It consists in an inflammation of the mucous follicles or glands, which are studded over the vaginal face of the cervix, (the portion of the neck which projects down into the vagina) and exists even in the cavity of the womb.

Follicular disease of the cervix shows a number of vesicles resembling small pimples, and when opened are found to contain a white like fluid about the consistence of honey.

Symptoms.—This affection being engrafted upon a combination of diseases, similar to that of granular degeneration, and its presence usually depending upon granular degeneration and lacerated cervix, the symptoms are the same except the pain and suffering is greatly increased in severity.

Treatment.—This consists in evacuation of the enlarged follicles or glands, alterative applications to the diseased surface, both on the face of the vaginal portion of the cervix and within the uterine cavity; the use of copious medicated warm water injections, and placing medicated pluggets of cotton around the cervix, and building up the general system by appropriate constitutional treatment.

Although I have never met with an incurable case of this affection, and having met with numerous cases, it is the opinion of many physicians of undoubted ability in uterine diseases, that in certain rare cases where the vaginal portion of the cervix is filled by them, it is incurable, or nothing but amputation of the part containing them, will accomplish a cure.

It would be difficult indeed, to describe the pain, suffering and misery experienced by some in this affection. The uterus is large and painful, and in some cases, when in advanced stages, resembles a large and bloody tumor, producing a constant hemorrhage; the patient will become greatly emaciated, and at times her mind will almost be dethroned. When at this degree of severity, if unable to obtain relief, which, owing to this affection being so little understood, is usually the case, she will suffer on until death closes the scene; and there may not be a time during the last four or five years of her existence, when she will feel for a moment that she cares to live longer; so great will be her suffering.

There is no other disease of the genital system that causes so much suffering, and that will come so near producing all the symp-

toms of all the other uterine diseases, as will this affection. This is accounted for by its being engrafted upon a combination of diseases. We first have laceration of the cervix, or injuries done at parturition, which interferes with involution, and sub-involution is the result, this induces congestion and results in inflammation of the lining membrane of the uterine cavity, which produces a leucorrhœal discharge, and menstrual disorders. The uterine walls being flabby and soft are soon invaded by the disease. The organ being large and greatly increased in weight, induces displacements and causes it to drag upon the floor of the pelvis and pressure upon the bladder and rectum, and other parts which it was not designed by nature to touch. The ovaries become congested, enlarged, and sometimes displaced; the leucorrhœal discharge now becomes profuse and acrimonious in its character; this produces granular degeneration and eversion of the os uteri, and may excite vaginitis and even affect the vulva or external parts. This combination of diseases produces cystic degeneration or enlargement of the mucous follicles, few at first but which increase in number as time passes, and finally a constant hemorrhage will be the inevitable result which will soon exhaust the remaining strength of the unfortunate sufferer.

Persons, after understanding the nature of this affection, the constant pain and misery it produces, will no longer be surprised at the partial or whole destruction of the mental faculties of the unfortunate sufferer.

Several years ago, a case was presented to my notice, in which the above symptoms were all presented. She was pale and emaciated, and presented the appearance of an aged lady, although she did not exceed twenty-eight years of age. She had been a great sufferer and at times her mental faculties were almost dethroned. Indeed at times she presented the appearance of an insane person. She had consulted numerous physicians at various times and places, and had even spent several months in a medical institution in one of our northern cities, and during this whole time, a period of three or four years, was unable to obtain relief and gradually grew worse, and when presented to my notice was almost at the foot of the golden stair. Upon examination I found the uterus very large, displaced and very painful, with granular and cystic degeneration and eversion of the os uteri. There was constant hemorrhage which was

not only being discharged from the os uteri but which was oozing out at various points over the vaginal face of the cervix, which caused it to present the appearance of a large and bloody tumor. I opened the cysts or enlarged follicles, by puncture (a painless operation); I then cleaned the cervix, applied an alterative, placed medicated pluggets of cotton around the cervix for their medicinal effect and to give support to the uterus. I then requested her to call again in three or four days; she did so and although she was then nearly free from pain I repeated the operation. In the course of a week after the first operation the hemorrhage ceased, the pain was gone, and she was changed from one of the most miserable creatures upon God's footstool to one of the most happy beings any one ever gazed upon, and was then feeling that it was again sweet to live, a feeling which she had not experienced before for a period of over three years.

Notwithstanding the numerous complications and extreme suffering experienced by some in this affection, when subjected to proper surgical and medical treatment, none can be so quickly relieved of pain; and by a continuation of the treatment a proper length of time, cures can be effected.

CHAPTER IV.

PAINFUL MENSTRUATION, ITS CAUSES. LACERATION OF THE PERINEUM
—VAGINITIS—VAGINISMUS. PRURITIS VULVA—HYPERESTHE-
SIA OF THE VULVA. UTERINE FUNGOSITIES—PELVIC
PERITONITIS—CHLOROSIS—CHANGE
OF LIFE.

Painful Mensuration.

When all the elements connected with the process of menstruation are in a perfectly healthy state, menstruation occurs without creating other discomfort than a sense of fullness about the pelvis, slight pain in the back, and a general sense of lethargy, but if an abnormal or unhealthy condition should exist, either in the structure from which the blood pours into the uterus; in any of the surrounding parts or organs which undergo congestion; or in the canal by which it passes into the vagina, menstruation often becomes excessively painful and in some cases undermines the health by the intensity of suffering which it induces. This state receives the name of dysmenorrhea.

Any condition, whether general or local, affecting the structure of the uterine walls, ovaries or surrounding parts, so as to render the nerves supplying these parts morbidly or excessively sensitive, may produce pain in connection with the first of the process. Anything impeding the escape of blood from the uterus or vagina may produce it by interfering with the second part. For example, a general condition resulting in neuralgia of the uterine or pelvic nerves, or a local inflammation altering their state, might readily create pain in the first stage, while either a natural or acquired stricture (closure of the cervix) would probably do so in the second.

As a general rule, painful menstruation is due to one or more of the three following causes: 1st, a depreciated condition of the constitution, beginning in the nervous system or blood, which creates tendency to neuralgia; 2nd a diseased state of the ovaries; 3rd, an obstruction to the menstrual flow. In a woman in whom the nervous system, the uterus, and the ovaries are normal, it is highly improbable that this condition would arise.

Neuralgic Dysmenorrhea.

This variety depends upon no appendages, but merely upon a peculiar state of the nerves, which under the stimulating influence of congestion produces pain.

Symptoms—Pain may show itself before the flow has been established, and disappear as soon as it comes on; or it may continue with varying intensity throughout the duration of the menstrual discharge. The patient usually complains of a sharp fixed pain over the pelvis, down the loins or in some distant part of the body.

In some cases the pain seizes the patient very suddenly and becomes so agonizing in character, as to render her almost delirious. She will toss wildly upon her bed, and give evidence of the most severe physical suffering. Then in a few hours the pain will almost as suddenly abate, and for the rest of the menstrual period exist only in very moderate degree.

When the pain is felt in the uterus, it presents nothing expulsive in its character; no clots are discharged by spasmodic efforts.

Congestive or Inflammatory Dysmenorrhea.

In this affection, at each menstrual epoch, an active congestion occurs in the mucous membrane of the fallopian tubes and uterus as well as in the ovaries, and, probably, to a less degree in all the pelvic structure. When any abnormal influence renders this excessive, it naturally produces pain in the nerves intervening between the distended blood vessels, (see page —.) This excess of blood may result from mechanical cause, as displacement of the uterus, or from a vital cause, as the peculiar condition which we know as inflammation gives rise to a variety of painful menstruation which has been styled congestive or inflammatory.

This condition may result from almost any pelvic inflammation, or from any influence which exaggerates and prolongs the congestion excited by ovulation. In a large majority of cases this form of painful menstruation occurs from inflammation of the lining membrane of the uterus.

Symptoms—A patient, who has previously menstruated painlessly is seized during a period with severe pelvic pain, accompanied by diminution or cessation of the discharge and considerable constitutional disturbances. The pulse becomes full and rapid, the skin hot and dry and the eyes suffused. There is severe pain in the head, restlessness, and sometimes, though rarely, a little delirium. There may be in addition

rectal and bladder tenesmus and diarrhœa. In cases in which an inflammation exists, as the flow begins, or before that time, the patient suffers from dull, heavy, fixed pelvic pain, which lasts until the process is ended and even after it has done so.

Obstructive Dysmenorrhea.

If, after the collection of blood in the uterus, any obstruction exists, which prevents its escape into and through the vagina, a violent spasmodic pain is excited which often amounts to uterine tenesmus or expulsive pains. To this form of painful menstruation the name of obstructive dysmenorrhea has been applied.

The obstruction may exist in the os or cervix, in the vagina, or at the vulva, where that canal is partly closed by the hymen. Either anti flexion or retro-flexion, (the uterus doubling upon itself) may cause it; sometimes a small polypus tumor comes down to the os internum and rests upon it, obstructing the egress of the flow. It acts upon the principle of a ball valve, and by so doing produces the worst feature of obstructive dysmenorrhea. A contraction of the cervix is probably one of the most frequent causes of this affection.

Symptoms—After menstruation has continued for some hours, and sufficient blood has been collected in the uterus to distend it, a severe spasmodic pain occurs over the pelvis, which receives the name of "uterine colic." This rapidly passes into a violent expulsive effort, which is similar in character to labor pains and which in time causes the passage of a certain amount of blood. The severe pain ceases for a time, until farther distention and obstruction occurs, when the process by which the uterus empties itself is repeated. If the obstruction exists at the cervical canal the efforts of the uterus will generally expel a small clot, much to the patient's relief.

It should be remembered that obstructive dysmenorrhea is one of the frequent sources of inflammation of the lining membrane in the body of the uterus, which is always more or less grave in its character, and which may result in incurable disease.

Membranous Dysmenorrhea.

This variety of painful menstruation consists in the expulsion of organized material from the uterine cavity at the menstrual periods, which is found upon microscopical examination to consist of the lining membrane of the uterus itself. This may consist of a sack, representing the entire cavity of the uterus, with its three

openings, or it may come away piecemeal as shreds of mucous membrane.

Symptoms—With the commencement of the menstrual flow there are steady pains, which increase as this progresses, until they become violent and expulsive like those of miscarriages, and may become so extremely painful that she can not find words to express her dread of their recurrence. Under these the os gradually dilates, and the membrane is forced out in the vagina. Then there is commonly a tendency to hemorrhage, which, however, soon disappears, and the patient has passed through the attack. For some time after it has passed there are symptoms of acute inflammation of the lining membrane and purulent discharges. Sometimes membranous dysmenorrhea becomes complicated by diphtheritic inflammation, which is engrafted upon an attack of inflammation of the mucous membrane set up by the affection which we are considering.

Pain occurring with the commencement of menstruation ends only with the discharge of the exfoliated membrane. This membrane serves to differentiate it clearly from all other varieties.

Ovarian Dysmenorrhea.

It is possible that the process of ovulation in a diseased ovary may excite, through its extensive and nervous hyperesthesia in the uterus, which would create disordered menstruation of the congestive or neuralgic type. Ordinarily, however, the pain seems to be in the diseased ovaries themselves.

Treatment.—If in the neuralgic form, the source of the evil should be carefully ascertained before remedial means are adopted.

If due to inflammation, appropriate means to reduce the inflammation must be used.

If obstructional, the obstruction should be sought out and removed; if the obstruction is due to closure of cervix, by dilating; if small tumor at internal os, the tumor should be removed.

If membranous dysmenorrhea, the affection is a grave one as to cure, and may resist all treatment; usually, however, the patient can be relieved somewhat by the use of appropriate remedial agents.

If due to ovarian trouble, all means calculated to soothe local irritation should be used. If displacement of the ovaries are producing the trouble it should be removed by replacing and giving support to them until the trouble is overcome.

In regard to membranous dismenorrhea, clots of blood or a blood tinged leucorrheal discharge or mucous may resemble the membrane, in which case it may admit of speedy cure.

Laceration of the Peri-neum.

Laceration of the perineum, or rupture of the parts between the rectum and vagina is of great frequency. Destruction of these parts, more frequently than anything else in married life induce displacements, sometimes in the last degree.

The perineum is subject to injury or rupture during labor, and may simply be described as a splitting of the perineal body. Laceration in the first degree splits the triangle, one side of which is covered by the vagina, only for a short distance; one in the second degree splits it to the center, while those in the third and fourth divide the triangle entirely through and at once remove the key stone from the arch.

Destruction of the power and function of the perineal body alters its shape and removes the support of the vagina and causes it to drag upon and displace the uterus as a direct tractor. This not only causes prolapsus of the uterus but may also cause prolapsus of the rectum and bladder.

The evils resulting from partial rupture are by no means insignificant, but they are always more remote and more tolerable than those which follow complete rupture. When the sphincter ani is torn through, and still more markedly when the rectal wall is ruptured, incontinence of feces and rectal gases may occur to such an extent as to embitter the life of the unfortunate patient.

Treatment.—Slight degrees of laceration need none. The third degree is always an accident of gravity; while the fourth represents the most serious form of the condition. It is to surgery alone we can look for recovery in these ruptures.

Before operation the general health should be carefully investigated. If it be bad, the operation should be delayed, and the patient put upon tonics and placed under the best hygienic circumstances.

Vaginitis.

The mucous or lining membrane of the vagina is subject to inflammatory action which receives the name of vaginitis.

Symptoms.—Acute vaginitis manifests itself by the following symptoms:

A sense of burning and heat in the vagina;
Aching and weight between rectum and vagina;
Frequent desire to pass urine;
Profuse and purulent discharge of offensive character;
Violent pelvic pain and throbbing;
Excoriation of the parts around the vulva.

In the chronic form the disease shows the same symptoms, though with much less severity. In very mild cases, only a slight itching or burning sensation is experienced with a discharge of leucorrheal matter. When severe, a flow of fetid musco-pus is discharged and sometimes produces violent inflammation of the urethra, and less frequently results in inflammation of the lining membrane of the cervix, inflammation of the fallopian tubes, and inflammation of the membrane covering the uterus, tubes and ovaries.

The duration of the disease will depend a great deal upon the character of the treatment adopted. Under a proper management even a severe case may often be cured in from two to three weeks, but if neglected, it may continue for months and perhaps years. The morbid action passing into the uterus may exist as an endometritis long after the vaginal trouble has disappeared; or it may pass into the bladder and excite cystitis (inflammation of the bladder;) or down their narrow ducts into the vulvo-vaginal glands and deep abscesses formed.

Treatment.—When of a non-specific character the affection usually depends on other diseases for its existence, and which is frequently the result of an acrid leucorrheal discharge, which must be removed, or the vaginal affection, if removed, will immediately return again.

Vaginismus.

This affection consists in a peculiar sensibility or excessive sensibility in the nerves of the vaginal mucous membrane at the site of the hymen or just within the external opening of the vagina, which upon irritation produces spasmodic contractions in the sphincter vagina muscles.

Symptoms.—The patient will generally complain of excessive pain upon sexual intercourse, the mere attempt at which throws her into a state of nervous trepidity. This and sterility will probably be all that have attracted her attention, though in some cases a marked tendency

to spasm will have been noticed upon sudden changes of position or washing the genital fissure.

In its duration it is unlimited. Cases are recorded in which it lasted for twenty-five and thirty years, and unless relieved by art, it will probably in its worst form, become a permanent condition.

From personal experience, I can confidently assert, that I know of no disease, capable of producing so much unhappiness to both parties to the marriage contract, and I am happy to state that I know of no serious trouble that can be so easily, so safely, and so entirely cured.

Vulvitis.

The vulva is the external part or opening at the lower extremity of the vagina, and vulvitis is the name applied to the inflammation affecting these parts. Affecting all this structure, the surface covered by epithelium and the glands imbedded in it, the inflammatory action sometimes extends through the submucous tissue into the proper structure of the parts underlying it, creating tumifaction, pain and sometimes suppuration or abscesses.

Symptoms.—The parts are red, swollen, hot, and at first dry. Then a free flow of pus takes place, and stains the linen, of a yellow hue. In addition to these signs of acute inflammation superficial ulcers will be found scattered over the parts affected, and in rare cases patches of diphtheritic membrane will be seen adhering to them. At times the meatus urinarus, (external spring of the urethra,) becomes affected and pain on passing the urine, with scalding and heat will be complained of. Should the inflammation extend to the vagina, the symptoms of vaginitis will also show themselves, and by a similar extension to the bladder those of cystitis, (inflammation of the bladder) may develop. In severe cases febrile action with thirst, heat of skin, and general discomfort is present; but this is not generally the case.

Treatment.—Even without treatment, it is probable this affection would always be recovered from in time; but it would run a lengthy and tedious course, and perhaps give rise to complications which would be productive of greater evil than the original disorder. When properly treated it generally runs a rapid course and is readily cured.

Pruritis Vulva.

This consists in irritability of the nerves supplying the vulva, which induces the most intense itching and desire to rub and scratch the parts. Although not itself a disease, it is always so important, and

often so obscure a symptom, that it requires special notice and investigation.

In the beginning, the irritability and tendency to scratch are sometimes very slight, so as to annoy the patient very little and give her but little uneasiness. Sometimes they exist only after exertion in warm weather, upon exposure to artificial heat, or just before and after menstruation. The disorder is aggravated by the counter-irritation which it demands for its relief. The rubbing and scratching that are practiced cause an afflux of blood, render the skin tender and its nerves sensitive, and in time greatly augment the evil by producing a papular eruption. The disease and the remedy which instinct suggests, react upon each other, the first requiring the second, and the second aggravating the first, until a most rebellious and deplorable condition is developed. It would be difficult to exaggerate the misery in some of these cases. The patient is bereft of sleep by night and tormented constantly by day, so that society becomes distasteful to her, and she gives way to despondency and depression. The itching is generally intermittent, in some cases occurring at night, in others only at certain periods of the day. It is not always confined to the vulva. It often extends up the vagina, to the anus, and down the thighs. In pregnant women it may spread over the abdomen. These extensions are merely complications of the original malady, which really deserves that name, and are due to contamination, by scratching, with ichorous elements which constitutes the prominent exciting cause of the trouble.

The causes of this affection are numerous; probably that of a leucorrhœal discharge being one of its most frequent causes.

Treatment.—To effect a cure the exciting cause of which the pruritis is a symptom must be removed by appropriate means. Should leucorrhœa be the cause, the uterine or vaginal affection, which gives rise to it should be removed by appropriate means.

Temporary relief can usually be given, however, until removal of the cause of the symptoms is accomplished.

Hyperæsthesia of the Vulva.

This disease, although to all appearances one of trivial character really constitutes, on account of its excessive obstinace, and the great influence which it obtains over the mind of the patient, a malady of a great deal of importance. It consists in an excessive sensibility of the nerves supplying the mucous membrane of some portion of the vulva. Sometimes the area of tenderness is confined to one place and some-

times to another; and again a number of these parts may be simultaneously affected. It is a condition of the vulva, closely resembling that highly sensitive condition of the remains of the hymen which constitutes one form of vaginismus.

The slightest friction excites intolerable pain and nervousness, even a cold and unexpected current of air produces discomfort and any degree of pressure is absolutely intolerable. For this reason sexual intercourse becomes a source of great discomfort, even when the ostium vagina is large and free from disease. In the sensitive spot there is always a degree of discomfort, which is increased by bathing the parts, or even by friction incident to walking. The mind will be greatly disturbed. In some cases it seems to absorb all the thoughts, and to produce a state bordering upon monomania.

Treatment.—The treatment of this condition has been very unsatisfactory, even with many of undoubted ability.

The disease although, fortunately, is not very frequent, is by no means very rare; and I believe its existence depends upon other affections of the genital organs, the removal of which, will give relief and, in many cases, cure the disorder; at least such has been my experience in the treatment of this affection.

Uterine Fungosities.

Fungoid degeneration of the lining membrane of the cavity of the uterus is an affection of great frequency; one which plays the part of an important factor in excessive hemorrhage during menstruation and which may take place between menstrual periods, and which often saps the health of women in whom its existence remains for years unsuspected. This condition existing and unrecognized, will prove entirely rebellious to treatment.

The disorder is sometimes described as granular hyperplasia, or polypoid endometritis, or internal vilous metritis

These fungosities will usually be found to exist as a consequence of uterine enlargement, however kept up; or of miscarriage or labor; and may exist in the young woman at the age when menstruation is establishing itself, and may under these circumstances produce a most excessive and dangerous degree of hemorrhage. In the first condition mentioned, prolonged congestion creates a new growth of tissue which results in fungus growths upon the lining membrane. In the second, if a large portion of placenta (child bed) remains attached in the uterus, what is sometimes spoken of as a placental polypus would be created,

but small portions only being here and there attached, the little fungosities are the result. In the third condition the great impetus given by puberty to sexual growth in the developing girl seems to effect the lining so as to produce localized abnormal growths upon its surface.

Symptoms.—There is but one symptom which has any significance; that is uterine hemorrhage. This may consist only in a great exaggeration of the menstrual flow, or in profuse hemorrhage between menstrual periods. Whenever either or both of these are present, without other assignable cause, the growths should be suspected.

The results that follow this affection are: Hemorrhage, leucorrea, impoverishment of blood, sterility and feebleness.

Treatment.—This consists in the removal of the fungosities, alterative applications, and appropriate means to build up the general health.

Pelvic Peritonitis.

Pelvic peritonitis consists of an inflammation involving the membrane covering the internal genital organs, forming a deviation between these organs and the intestines. This membrane unites very closely to the substance of the uterus on top, but becomes more loosely attached as it passes downwards, the intervening space between the uterus and membrane is filled with spongy or cellular tissue, which, when affected by inflammation receives the name of cellulitis.

Cellulitis is of rare occurrence in women who do not bear children, as it is an affection which is usually the result of bruises received at labor; while pelvic peritonitis is of great frequency. A very large proportion of the cases now regarded as cellulitis are really those of pelvic peritonitis; the two affections are entirely distinct from each other, and may be compared to pleurisy and inflammation of the lungs,—pleurisy and pneumonia. Like them they are separate and distinct, like them affect different kind of structure, and like them generally complicate each other.

In cellulitis, the roof of the pelvis presents a spongy feel, and the uterus is somewhat movable.

In that of pelvic peritonitis the pelvic roof is hard, and the uterus is immovable.

The causes of this affection are the following:

- Parturition or abortion;
- Endometritis, ovaritis, or salpingitis;
- Escape of fluids into the peritoneum;
- Imprudence during menstruation;

Tubercular or cancerous deposits;
Uterine displacements.

This affection may assume either an acute or chronic form, though when it constitutes the principle disease it generally, in the beginning, presents the features of the former. When it occurs as a complication of tuberculosis, or uterine disease, it often assumes from the beginning the chronic type. This may exist as menstrual pelvic peritonitis which becomes aggravated at periods of ovulation, and recurrent peritonitis, which lasts for many years, giving, however, immunity for long periods, and then recurring with great violence from a trifling cause.

Symptoms —Pelvic pain and tenderness;
Sometimes great bladder irritation;
Usually increased temperature;
Nausea and vomiting;
Mental disturbances;
Distention of bowels by gases.

When a severe acute attack sets in, it may cause either a chill or a sensation of coldness, so slight that the patient will not recall its occurrence until her attention be especially directed to it; or pain and fever may show themselves without these symptoms.

Pain is at times only moderate, but at others most severe. It may occur in paroxysms, which create the greatest agony and prostrate the patient by their severity. It may amount to agony, causing the patient to roll in bed, seize the bed clothes in the teeth, and cry aloud most piteously. As a rule it is not so violent as this.

Pain may show itself quite early in the disease, or may be preceded for several days by pelvic uneasiness and weight.

Tenderness over the whole bowels accompanies it to such a degree that even the weight of the bed clothes is intolerable, and the patient, to relieve it lies upon the back with legs flexed in order to relax the abdominal muscles.

Nausea and vomiting are common symptoms, though they may not exist to such a degree as to prove very annoying.

The expression of the face is peculiarly anxious, and is sometimes rendered very striking by the appearance of dark circles around the eyes.

In severe cases there is usually great difficulty in passing the urine, frequently necessitating assistance.

In no disease can the course, direction and termination be more variable and uncertain than in this affection. It may run its course unobserved, leaving evidence of its existence only by forming slight adhesions. It may pass through its first stages in four or five weeks, leaving the uterus permanently displaced by the adhesions thus formed. It may reappear with a certain amount of acuteness at menstrual periods, causing them to be very painful. It may, if due to tubercular deposits, continue so as to exhaust the patient slowly. It may produce a purulent collection, which by emptying itself into the peritoneum through the adhesions thrown around it may create general peritonitis and produce death. If this affection follow parturition or abortion, a cure will be rendered graver by the fact. Otherwise it will be governed in a great degree by the general symptoms. In cases occurring in women who have not borne children or long after parturition, a cure is decidedly favorable, unless the disease exists in a scrofulous or tuberculous patient, or show a tendency to severe periodically relapses.

The common result of the disease, which remains long after it has passed away, or perhaps permanently, are injury to the ovaries by abscess or atrophy, obliteration, or dropsy of the fallopian tubes; and fixation of the womb in malposition by organization of these conditions, a cessation of menstruation, and sterility.

Treatment.—The rule of treatment should be based upon the following indications: First, entire prevention of pain during its course; second complete control of the temperature; third, the strict observance of absolute quietude. The patient's prospect for life and for escape from the chronic results of the disease, if recovery occurs, will greatly depend upon the thoroughness with which these indications are fulfilled.

The appropriate treatment in severe attacks, is such as can only be administered by, or under the direct guidance of the attending physician. Mild cases may be controlled, however, by the use of hot poultices applied over the seat of pain.

Those who are subject to these attacks should be carefully dealt with when under treatment for uterine disease, as a single application of certain remedial agents, to the uterine cavity, is often sufficient to excite an attack.

Chlorosis.

This disease is probably a neurosis of the ganglionic system of nerves. Disordering the control which this system exerts over the functions of organic life, it produces, as symptoms of its existence, impoverishment of the blood, constipation, dyspepsia, palpitation of the heart, and menstrual derangements and irregularities.

This affection usually occurs at the age of puberty; when the dormant functions of the ovaries are being aroused, and the girl is rapidly passing into the state of womanhood. This fact has led many observers to suppose that it is dependent upon some derangement in ovulation and menstruation, but it is more probable that torpidity of the uterus and ovaries is, like the peculiar blood state which is so characteristic of the disorder, merely a symptom of functional disease in the sympathetic system of nerves.

This is an affection of great frequency in all civilized and refined communities. The greater the tendency developed by society to luxurious and enervating habits, the more frequently is it encountered. Thus in large cities and the higher walks of life it is of much more common occurrence than in country places, and among the lower classes where a more natural and healthy existence is passed.

This affection develops itself very insidiously. In a girl, who has previously been in good health, languor, sadness, and aversion to company usually first attract attention. These are followed by palpitation of the heart after exertion, scantiness of the menstrual flow, and a characteristic pale or greenish complexion. The first suspicion which usually takes possession of the minds of the friends of the patient is, that consumption, or heart disease, is about to develop itself.

The predisposing causes of this affection are well known to be sex and age; but those which absolutely excite the disorder are not so easily ascertained. The causes which are here recorded are probably those which most frequently prove active; but it must be especially stated, that in the majority of cases, no cause whatever can be assigned for the disease:

- Great grief or prolonged mental anxiety;
- Depressing home influences;
- Great fear suddenly excited;
- Deprivation of pure air, exercise and light;

Disappointment in love;
Erotic excitement without gratification;
Prolonged watching and loss of sleep;
Bleeding of the nose;
Excessive mental labor.

The most marked instances of the affliction occur under the influences of great grief for the loss of a relative, disappointment in love or home sickness.

Symptoms.—At the critical age of puberty, when a series of important and peculiar changes are being effected through the instrumentality of the sympathetic system of nerves, the system seems, in the female, to be liable to a morbid influence, which, in great degree, paralyzes it, and impairs its function. Sadness, nervousness, and irritability marks its onset; neuralgia develops in the limbs, the head and the viscera; the appetite is impaired: digestion becomes weak, and dyspepsia, flatulance, and depraved tastes are encountered. The girl craves the most unpalatable and innutritious substances, as, for example, chalk, clay, slate, and other articles of alkaline character; while, at other times, the taste prompts her to consume acids, as vinegar, lemon juice, pickled vegetables, etc. Usually the process of blood-making is soon disordered, and impoverishment of blood sets in, coincidently with amenorrhea, constipation, palpitation of the heart, sensitiveness along the spine, distress in the solar plexus at the small of the back, coldness of the hands and feet, and irregular and excessive flushing of the face.

This affection may be complicated by hysteria, hypochondriasis, hypertrophy of the heart and tuberculosis.

Unless some serious disorder complicates it, cure is always favorable, but the course and duration of the disease cannot be predicted. If all the surroundings of the patient, both socially and physically, be altered, and all causative influences removed, recovery may be rapid and complete; but if these changes cannot be brought about, the affection may last for an indefinite time.

Treatment.—Should consist not in fruitless attempts to overcome one or two of the results of the disease, amenorrhea and impoverishment of the blood for example, but in a systematic effort of these three ends:

- 1st. To remove the cause of the disorder;
- 2d. To cure the neurosis itself;

3rd. To repair the damage which it has effected in the system.

If any one of the causes which have been enumerated be found to exist, it should, so far as possible be promptly removed.

Even where the special cause cannot be detected, recovery may be attained by removing patient from home, and sending her to a distance from objects and people connected with the sadness and depression attendant upon the inspection of the attack. A visit to some agreeable watering place or lively country resort

In the mean time nervous tonics should be freely given. The best of these are the preparations of the hypophosphites, arsenics, strychnine, and quinine. Should the patient bear it well, the continuous electrical current should be employed, and general electrization often proves very beneficial

As impoverishment of the blood is usually a complication of the disease, iron is generally indicated.

Change of Life.

If, at her introduction to the menstruating period, woman is calculated to enlist our sympathy, the circumstances attending its final departure are still more adapted to excite our earnest desire for her welfare. In youth she is surrounded with scenes that fancy and excite the imagination, and has neither judgment nor precedent to guide her anticipations, good or evil. During the period in which she is fulfilling the great object of her life, she has neither cares nor desires to reflect upon the approach of that important change in which she is to undergo the anxieties of a transition to the closing of her existence, but when that period approaches is often painfully excited; it is indeed her critical period. Whether she is to enjoy the remainder of her life, free from some of the severer diseases incident to her sex, or sink under their accumulating forces, when nature has been too severely taxed in youth to retain power to repel them, depends much upon the manner in which she has passed through the child bearing period.

When the organs of reproduction have remained in a healthy state, but little danger need be apprehended. But as the number of those who reach this period, free from all uterine disease, are exceedingly small, it will be well to notice what effect the disease may have during and after the change.

When a woman passes through the child bearing and climacteric period, free from uterine disease, there being no further use for the organs of reproduction, they diminish in size until they become exceedingly small; even the vagina and external parts are also somewhat likewise diminished. But when these organs are diseased, it may retard, check, or prevent this change from taking place, and which may even result in the formation of abnormal growths, such as tumors cancers, &c.

An abnormally large uterus, which is kept in a high state of congestion by its mucous membrane being diseased, will not yield to nature's changes, until relieved of the disease, which is constantly gnawing at the vitals of its mucous membrane. Consequently many of the symptoms heretofore experienced will be replaced by others more grave and serious in their character. Instead of being relieved of the pain and misery she has endured for years, she is experiencing new difficulties, and is compelled to suffer on.

When any part of the uterus has remained in a healthy condition the part thus remaining healthy diminishes, leaving the parts which are affected unchanged. In this way, by the cervix being the part unaffected, diminishes until the mouth of the uterus is closed. This prevents the escape of the leucorrhœal discharge, which is then retained, decomposes, and produces, by its being reabsorbed, a constant deadly poison to the system. If this condition be unsuspected, she will gradually grow weaker day by day, until death closes the scene. She may, however, live on in this miserable condition for a number of years; but will be, more or less a constant sufferer. Usually when in this condition she will be troubled with more or less pain in the back and groins; headache, dizziness, dyspepsia, constipation, and great nervous prostration. The complexion will be of a dark sallow hue, and she will be constantly feeling miserable, and at times will feel as though she could live but a little while longer. Internal remedies will avail her but little; indeed by irritating the stomach with them will often hasten the end.

The removal of the decomposed matter (a slight and painless operation) would relieve her of her trouble; her color would hastily clear up, and she would soon again feel that it was sweet to live.

Many cases of advanced stage of subinvolution and areolar hyperplasia, which resisted all treatment prior to the change will now yield readily, and will admit of speedy cure, as nature will do now, what

medicines failed to do before. A large and firm uterus which would not yield to treatment before the change, will now waste when the disease in its mucous membrane is removed.

Before the change of life, the shedding or breaking down of the inner coat of the mucous membrane during the menstrual periods, counteracts the good effects of local treatment to some extent, which is not the case now, and the patient will recover much more rapidly than she would at any time before the change.

Without treatment, endometrites, granular and cystic degeneration, and eversion of the os uteri may exist for years after the change and the uterus will remain large and sensitive, producing all the symptoms characteristic of these affections.

The uterus being large and sensitive and the disease preventing the changes designed by nature for them to undergo, seems to exert a wonderful influence over the mind as well as the body. Some are constantly tormented with a fear of abnormal growths, such as tumors, cancers, &c. Others have a peculiar sensation as if they were losing their senses, or that they were going to die soon, or that their friends had all turned against them.

Often, when in this condition, the removal of, or the repairing of some little insignificant part of the machinery, it will start in motion, and the woman will soon regain health and happiness,

Hemorrhage.

Hemorrhage often occupies the front place among the pathological phenomena of the genital tract during the climacteric, in many instances. Irregular and rather profuse bleeding is of quite common occurrence at this period. Sometimes this may, by simple or repeated hemorrhage, be brought to a condition of dangerous anemia. This tendency to hemorrhage is in some instances difficult to explain. The true causes are probably different in different cases. Although many authors of undisputed ability disagree upon this subject, I believe the excess of hemorrhage oftener due to a diseased state of the lining membrane than to other causes; and when the bleeding to an excess occurs, the interior of the uterus should be investigated. The structure or elements of which the lining membrane is composed is very delicate and sensitive to the influences of uterine disorders, and when affected by disease, however slight, produces a conflicting element to the workings of nature's laws, which so disorganizes the very substance of which these elements are composed as to give rise to a hemorrhage; and which may, by appropriate means, be controlled.

CHAPTER V.

CAUSES OF STERILITY IN WOMEN.—SEXUAL INDIFFERENCE IN
WOMEN.—REASONS FOR FAILURES IN CURING UTERINE
DISEASES.—WHY DO LADIES SUFFER.

Causes of Sterility in Woman.

I do not propose to treat upon every possible cause, but rather to confine myself to the causes, which are produced by disease, and may in some way be overcome. Those causes which may be put down as incurable in any way whatever, are those arising from some congenital malformation of the organs of reproduction, which are sometimes met with, or some organic destruction of the completeness of the procreative system by disease, accident or surgical operation. Among the former may be mentioned deformities of the vagina, womb, fallopian tubes and ovaries. Among the latter may be named, partial destruction of the ovaries, adhesions of the tubes to the ovaries or strictures of the tubes.

Those which may be regarded as common, and may be obviated by some means, are those arising from diseases of the vagina and uterus.

Prolapsus, or the various uterine displacements, are very frequent causes of sterility. While displacements may often exist for a time without any signs of disease, the world is full of sufferers from painful displacements of the womb. When the painful symptoms are present, pregnancy is less liable to occur than when these symptoms are absent, because their presence shows that the womb is not only out of its natural position, but that it is affected by congestion, inflamed, and debilitated, and all of its appendages with it. The whole structure of the procreative apparatus is relaxed, and every organ involved; intercourse is more or less painful. Even if impregnation is affected, an early miscarriage may occur; for if the womb is affected by areolar hyperplasia it will not expand to make room for the growing fœtus; if relaxed it does not possess sufficient strength to retain, for the natural period of gestation its precious fruits. It is often the case, that women become pregnant many times, without knowing it; it is more than probable that in many cases where women are afflicted with diseases of

the uterus, though it be of a very mild form, such as inflammation of the lining mucous membrane, they are impregnated over and over again; they "go over their time" a week or more, then feel pain in the abdomen and other symptoms of menstruation, followed by a discharge of blood in clots and stringy masses. In such cases the probability is that a miscarriage has taken place, the conception being too small for detection. When miscarriages occur within a few days or weeks after conception they receive the name of ovular miscarriages. This may occur when disease exists, even in those who never bore children, and which may be the only cause of their barrenness. In some cases of inflammation of the lining membrane, the disease so alters the secretions as to prevent the attachment of the fecundated ovum; or it may be affected in such a way that it will peel off, either in a body, or in shreds, so when conception does take place, if conception be possible, the ovule or fœtus, with the placenta is carried away sooner or later, by this shedding of its lining membrane. Then again the disease may so alter the secretion as to poison or destroy the life of the spermatozoa, and thus prevent conception.

It is sometimes found that a body of coagulated albumen blocks up the canal leading from the mouth of the uterus, so that the spermatozoa can neither pass through it, nor between it and the walls of the canal. Although the obstruction may be swept away by menstrual flow each month, such may be the condition of the glands that supply the secretion, that another plug will almost immediately form, allowing no opportunity for the spermatozoa to ascend the canal. Chronic inflammation may cause a puffiness of the lining membrane of the cervix so as to affect the same result. A stricture or closure from any cause may also prevent the spermatozoa from entering the cavity. Chronic inflammation may not only exist in the lining membrane of the cervix, but also up through the cavity of the body just sufficient to produce a high degree of sensitiveness, such as sometimes exist in the lining of the stomach; when this condition prevails, the presence of the seed of the male in the womb causes contractions either at the time it is received or not many days after, and it is thrown off just as food is thrown from the stomach when this kind of irritation exists in the stomach.

Sexual Indifference.

This on the part of the wife is a frequent cause of matrimonial infelicity; so much so, as to demand our special attention to it. The

necessity of reciprocity in the marital relation is of much importance to both husband and wife. If not enjoyed by the woman, there is an insufficient quantity of excretive fluids to lubricate the parts, rendering them hot and dry, and thereby not only causing the copulatory act to be injurious to her but very unsatisfactory to the husband. If under these circumstances sexual intercourse be frequently indulged, it will be inductive to uterine ailments; or should uterine trouble exist prior to married life, marriage may forever after render her life an unhappy one. Cases have been presented to my notice in which a single copulatory act would excite acute inflammation.

Sexual indifference of two kinds exist, viz: Intense aversion to sexual connection and sexual apathy or a want of feeling. The former receives the name of *anthropophobia*, and the latter *dyspareunia*. In intense aversion the individual not only experiences no amative emotion, but feels the utmost disgust when required to yield to the conjugal embrace. Many who experience this feeling imagine that they are more chaste and refined than those who are capable of amative excitement, but chastity or extraordinary refinement is never the cause. It results either from disease, or an incongenial matrimonial alliance. Women are frequently subject to it, for the reason that their organs of procreation are often diseased, and further because women sometimes marry for wealth and homes, regardless of love or adaptation. How can it be expected that a young and beautiful woman will heartily and affectionately welcome to her bed a decrepit old man, whom she married merely because she wished to gratify her pride by the exhibition of the gewgaws of wealth? Or if discrepancy in age does not exist, how soon the fires of amative passion die out and repugnance takes their place, when the married couple are neither mentally or physically adapted. But when adaptation in marriage has been duly considered and observed, disease may cause *anthropophobia*. Excessive mental labors of either sex may so divert the electrical stimulus from the organs of amateness, that repugnance may take place of desire. Disease of the brain may produce the same result, and sometimes induce impotency.

Ulcerous, tumorous, cancerous, and inflammatory affections of the sexual system, are apt to cause a disrelish or incapacity for coition.

A disinclination for sexual intercourse is more common than intense aversion to it. When the erectile tissue or erectile muscles

are paralyzed, inability to perform the act exists on the part of the husband, while a wife so affected, although capable of cohabiting mechanically, experiences no pleasure, and is only too glad to be released from her husband's embrace. One of the most prevailing causes of indisposition on the part of the female is leucorrhœa; the presence of which corrupts the secretion of the vagina and so coats the lining as to render the parts insensible to electrical or magnetic influences; or the leucorrhœal discharge being acrimonious in its character, may keep up a low grade of inflammation of the lining membrane, thereby producing an unpleasant instead of a pleasant sensation. A woman thus affected may have her amative passions excited before, but which may subside immediately after the commencement of the act; or the inflammation may exist to such a degree, as to cause the act to be very unpleasant, or even painful to her; or when in this condition the copulatory act may excite acute inflammation involving the deeper tissues of the vaginal walls, and even the surrounding parts, rendering her incapable, from the soreness and great pain produced, of a repetition of the act for days or even weeks. Young brides who are thus affected, may become dissatisfied with married life and be tempted at times to leave their husbands, or if remaining with them may realize but little enjoyment and pleasure in doing so. This condition existing for a long time, will result in a repugnance for sexual intercourse, and may lead to a total destruction of her amative propensities; in which case the very thoughts of the act would then be repulsive to her.

The pure enjoyment and pleasures of married life, which are greatly augmented, and which are thrilled throughout the remotest parts of the body, while in the sexual embrace, is never realized or experienced by her.

It not infrequently happens, that a want of the proper development of the cliterous causes indisposition. This organ is so very small in some females, as to almost render production of amative excitement by friction impossible. For a few weeks or months after marriage or until the individual electrical currents of the husband and wife become in a measure equalized, the bride enjoys her new relations, as well or nearly as well, as any one; but after the magnetism of the two, by repeated contact becomes somewhat similar, the wife loses her excitability, and only after she and her husband have been absent from each other for a few weeks, or months

and entirely regain the electrical conditions peculiar to them, does she enjoy the sexual embrace. Sexual indifference arising from this cause is difficult of cure, though remedies may be prescribed in some cases and the difficulty removed to some extent.

Secret habits in girlhood may produce either a violent desire or sexual apathy. The latter, in these cases, usually result from the former, for debility and impotency of the procreative organs are apt to succeed such physical violations in both men and women.

Want of physical adaptation is a frequent cause. Similar temperaments and habits produce similar electrical conditions. Between such persons there is a kind of electrical repulsion. There may be such a congeniality in tastes and sentiments as to give rise to the greatest friendship and esteem one for the other, but neither possesses the power to impart to the other a magnetic thrill by touch or contact. It will be observed that when a positive and negative current are brought together, there is perfect blending of the electrical or magnetic current. One electrifies the other so that there is between animal bodies thus congenial an interchange of animal magnetism very pleasing to the sense. When the electrical or magnetic forces of husband and wife are similar in quantity and quality it is impossible for agreeable sensations to be engendered or experienced by physical contact, and hence, it is not to be expected that any great degree of sexual pleasure can take place between them in the copulative act. If any pleasure at all is experienced between parties sustaining these electrical relations to each other, it is obtained entirely from frictional electricity, as in masturbation, and the effects are injurious to both. If there is neither mental nor physical adaptation, the indifference is not only irremediable, but anthropophobia may succeed, and continue until the marriage tie is dissolved by divorce or death, and a new alliance is formed. Cases do occur among ladies, however, in which, after years of sexual indifference with an incongenial partner, a second alliance, formed under the most favorable auspices, yield no amative gratification. The reason for this is, that cohabitation without love or passion destroys, after a time, the sensibility of the parts. If you want to destroy digestion, crowd your stomach with food when you do not need it, or with things you do not relish; if you want to destroy the palate, eat and drink habitually those things which are perfectly obnoxious to the taste; if you wish to overcome the sensitiveness of the uterine organs, and render them not only insensible to pleasurable ex-

citement, but eventually, incapable of reproduction, marry a man who is distasteful and disagreeable to you; one who cannot call out the first spontaneous amative emotion, or kindle the first desire, while you continue sexual intercourse year after year—of course he will insist on being gratified, and habitual cohabitation with such a man can only end in production of a diseased condition of these delicate organs.

Nothing can be more ridiculous than for a lady to arrogate to herself the possession of more voluntary chastity and virtue than her neighbor because she feels no sexual desire. Nor can a husband present himself in a more laughable light to an experienced person, than when he supposes that such apathy on the part of the wife is the result of extreme modesty, and good breeding. The fact is, the sexual appetite is just as natural as the appetite for food, and disease causes the loss of one just as much as it does loss of the other. Fortunately, such exquisite people, as alluded to, are not numerous, or rather, do not often present themselves to the skilled physician, as those who have more sensible ideas. It is no common circumstance in my practice for ladies of education and refinement, affected with anthropophobia, or sexual apathy, to present their case with the expressed conviction or seeming realization that their indifference is the result of disease. I admire the frankness and good sense of a wife like this, and I have been happily instrumental in rendering or curing the difficulty in a large majority of such cases; in fact sexual indifference in all its forms is usually partially or wholly curable, except when both mental and physical adaptation has been disregarded in marriage.

Reasons for Failures in Curing Uterine Diseases.

That some uterine affections of a non-malignant type are incurable cannot be denied: but even putting these out of consideration, the fact is notorious that the local treatment of these diseases is not as successful in its results as we could wish. I now propose an investigation into the causes of this want of success. It appears to me the most apparent and most constant of them may be summed up: Not understanding the nature of the disease; telling the patient the disease can be cured in a few weeks when it will require months; inefficient or inappropriate remedial agents; inattention to general management.

Not Understanding the Nature of the Disease.—It is not rare to meet with instances in which physicians have for months treated cases of uterine diseases concerning the nature of which they not only

did not have a correct theory, but had no theory at all. Under these circumstances the most general practice is to pass, about once a week, a solution of nitrate of silver up to the os inturum, not to cure inflammation of the lining membrane, for that had never been suspected, but to do the best one can in the treatment when he does not know the nature of the disease which he treats. I have no inclination to attribute this always to any intentional laxity of moral, but rather to indecision and aversion to creating a disagreeable issue with the patient. It is however, impossible to deny the fact that such a course will sometimes be pursued by those, who, in the case of a diseased eye or inflamed knee-joint would not hesitate to confess with the utmost frankness, their uncertainty and need of assistance. With uterine as well as all other diseases, the nature of the disease must be understood before treatment can prove curative; and in this field of practice, fully as much as in all others, honesty and sincerity should guide the practitioner. He who practices deception here is surely no less culpable, although far more likely to escape detection, than the charlatan who makes it a rule of life.

False predictions as to time of cure:—Even if the nature of the disease is understood a false prediction as to time may so sap the confidence of the patient as to send her to other counsel. And now she may run the gauntlet of theories and remedial agents. Her first attendant having recognized inflammation of the lining membrane with resulting displacements, the second may treat the displacement alone, as the origin of her symptoms. Passing into the hands of a third she may be told that to check her profuse leucorrhœa would be to cure the disease, which the fourth might contradict, with the assertion that the uterine disorder was only a complication of inflammation of the ovaries, which was the foundation of all her difficulties.

Inefficient or inappropriate remedial agents may cause failure in cure, even when the nature of the disease is understood and the case curable. At times a course of alteratives may be persevered in when the disease demands more general treatment. At others it is necessary to extend treatment into the cavity of the body and not of the neck alone; and at others still, to perform a trifling operation to remove a difficulty, which, unless removed, may keep up a disease indefinitely. Again, a patient has excessive hemorrhage and prolonged menstruation, with a long contracted cervix uteri.

Obstruction to the ready escape of menstrual blood often so alters the lining membrane of the uterus as to create these disorders. If the practitioner treat the symptoms he will surely fail in curing it; while success will attend his efforts if he removes the obstruction which prevents the uterus from emptying itself.

So also with the complications which are excited by uterine disorders.

A patient is affected by inflammation of the lining membrane of the cervix, that in time produces hyperplasia, (growth), which by increasing uterine weight displaces the uterus. That again by lying upon the floor of the pelvis is injured by locomotion and coition, its lower part bathed in purulent leucorrhea, and great pelvic pain annoys and distresses the patient. If the practitioner expects to cure her, he must, at the same time he treats the primary disease, inflammation of the lining membrane, relieve a set of complications, which, unless removed, will cause repeated relapses as often as he approaches the accomplishment of his end.

Patients often seek relief from a physician who, very likely, has not given an hour to the investigation of this important subject in his whole professional career.

How often do general practitioners, when called upon to treat uterine displacement, which was induced by its lining membrane being diseased, the organ being large and sensitive, after making a few local applications, or even before, place some unsuitable uterine support, thinking all is done then that is necessary to correct the trouble. The woman goes home feeling badly and suffers untold agonies until the miserable thing is removed.

If he expects to accomplish good why does he not continue the local treatment, with appropriate means, until the lining membrane is healed; and, in the mean time, carefully placing soft pluggets of medicated cotton around and under the uterus, and having his patient use copious medicated warm water injections daily? Thus the two latter should be used in combination for their medicinal effects as well as for support and cleanliness. This plan of treatment will not only cure the inflammation of the lining membrane, but it reduces the organ to its normal size and relieves it of all soreness and nine times out of ten when thus relieved will stay in its proper position without a support; or if one is needed, a well fitting support can then be placed and worn until the difficulty is over-

come. But in no case should a support be worn when it produces pain, as it then doing more harm than good.

Then again, how often do patients come to those specially treating these diseases, after years of treatment from such prejudiced physicians with antiversion, retroversion, or slight prolapsus, or when they have been great sufferers from congested and prolapsed ovaries, and obtaining instant relief, ask in surprise the significant question: Why was this not done long ago?

Inattention to General Management.

The statement which we so often meet with, that the majority of cases of uterine disease require no local treatment whatever, is a fallacy, based either upon strong prejudice against one of the most modern improvements in medicine, or upon want of experience in such cases. But too much stress cannot be laid upon the advantages to be derived from constitutional treatment of these cases. Physicians too often fail to insist upon rest, cessation of marital intercourse, quietude after applications to the uterus, and other points, a neglect of which may exert a powerful influence for evil, and frustrate the effects of all that is done by local means.

Cases are frequently presented to my notice, in which they had been under treatment of specialists of unquestioned ability, but owing to woman's peculiar sensibility to being exposed, and the rough manner in which some were handled during treatment, which did not only seem to do them no good, but they grew worse under the treatment; and some, being so roughly handled, were afraid to submit to longer treatment.

The reproductive organs of woman are very delicate, and should, in all cases, be handled with great care.

A displaced uterus, when large and painful, can be replaced, if done so carefully, without causing pain, but if replaced roughly will produce excruciating pains.

Some ladies have a horror of going to a physician for fear of being exposed; indeed many believe it impossible to be treated without exposure. This is not the case, and it is not necessary to expose the person of any one while treating them, except in rare cases where a surgical operation is necessary, or the external parts are effected and require local application. Otherwise the least exposure would be uncalled for, and can easily be avoided.

Ladies seeking relief for uterine troubles should do so with as little hesitancy as if they were seeking relief for a sore mouth or throat.

Why Do Ladies Suffer?

Is it because the disease is so little understood, or is there no remedy for this disease, that ladies must suffer? Some physicians say there is; others say there is none. But few of the medical profession, I regret to say, have given this disease, from which so much misery results, the special attention which it requires. They may offer some temporary relief, but few are able to effect a thorough and lasting cure. I have given this class of ailments my undivided attention for years and have arrived at results that have been no less gratifying than astonishing, being in such remarkable contrast with the old and uncertain methods.

It is a common error to suppose that the disease will get well without treatment. It is rare that this ever takes place, but is gradually increasing in severity until checked by proper restorative medical aid. In regard to the mode of treatment but little need be said, as the character of the treatment is such, that it can only be administered by the physician himself. The disease is local while the effects are general; it effects the mind, nervous system and all the functions, more or less. The treatment, therefore, must be both local and general, and adapted to the particular disorder, stage of the disease and general physical constitution of the patient. The inflammatory condition of the lining membrane of the uterus, the various displacements induced by enlargement of the organ, or otherwise, must be treated by local means. The remedial agents must act *directly* upon the diseased parts, so as to exert an alternative state, remove the weakness, relaxing, and irritation of the parts, arresting the congestion and giving tone and healthy vigor to the whole system as well as to the sexual organs. No disease which flesh is heir to calls so loud for a specific remedy; as very few women suffering from this affection like to counsel their family physician. Firstly, because family physicians as a general rule know so little of this kind of complaints; and secondly, because there is not that discretion about a physician attending other members of the same family, or citizens of the same town, which would lead a patient suffering from these diseases to entrust to him, with confidence that it would not be imparted to others; more particular-

ly is this the case with the unmarried; the sufferer waits and the disease grows worse, and finally sinks into a condition from which death would sometimes be a welcome release. To all such unfortunates, I would say that, unluckily, there is no remedy that is certain and sure. The treatment requires skill, judgment and experience, and if the instructions are carefully complied with, the most shattered constitutions can be restored to perfect health.

Female diseases may be divided into different stages, and any individual who is affected can tell, by referring to her past and present symptoms, how far it has progressed in her case; although it is insidious and often has the constitution undermined and its victim well on the road that terminates at the foot of the golden stairs, before she is aware of its danger.

Those who are disposed to employ me may rest assured of two things, viz: 1st. Everything written or told to me will be held strictly confidential. 2d. That I shall not hazard my reputation gained at the expense of close application and years of toil, by giving any unwarranted encouragement or uncandid diagnosis. The course I have pursued has been strictly in accordance with this principle, and I shall not under any circumstances, in the future, pursue any other. I may not in *all* cases be as successful as I at first expect, but I will guarantee that I will cure as large a percentage of my patients after they have been given up by general practitioners, as the most successful of these practitioners do in treating cases *first presented to them*, many of which are neither difficult nor complicated. Nearly all becoming my patients, have been under treatment of six to twenty different physicians before employing my services, and I now invite the most obstinate and intractable cases to consult me, for it is my ambition to raise the most helpless cases from the grasp of disease. Ordinary cases can be cured by ordinary remedies. Every town must have its physicians; they are a necessary evil; we could not get along without them, and I will not utter a word of discouragement if they do not mislead their patients and treat them for diseases they neither understand or know how to treat. I only invite the consultation of these who have failed to find relief under their treatment. In such cases I find a foe I delight to combat and conquer. Volumes might be written on the various phases of female diseases, but this little book is only set up as a beacon light to point out the dangers on the one hand, and a harbor of refuge on the other.

CHAPTER VI.

TREATMENT.

It may occasionally happen that ladies will be undecided in regard to making selections as to which of the following prescriptions will be best suited for their disease. In this event if they will write me, giving symptoms in full, with two-cent stamp enclosed, they will be informed by return mail, which will be the best suited for their particular disorder, and at the same time I may be able to make other suggestions in regard to their treatment not herein given, that will be a great benefit to them.

It must be remembered that among the many thousands who are suffering with uterine diseases, hardly two are affected alike, and in many instances the course of treatment which would be beneficial to one, would be hurtful to others. Each case must be treated to suit the pathological condition which may exist at the time of treatment. How often we hear ladies recommend this or that because it did Mrs. So and So so much good. Let some lady obtain suppositories; if she is benefited by them she will recommend them to all her friends, not thinking that her case might be the only one in a hundred which they would benefit, and to some they might prove to be injurious. Indeed many physicians will do the same thing. They will fix up a combination of medicines for some one of their patients which act like a charm. They will feel somewhat elated over it and prescribe the same for others, when it is really not indicated and something else would have done much better. There are a great variety of conditions existing even in the same class of diseases. Take for example that of typhoid fever; a physician may have two cases, both of the same sex and occupying the same room, he must prescribe for each one separately. Suppose the heart's action in the one is too great, and too weak in the other. The first requires a heart sedative and the other a heart stimulant. But suppose he gives both a heart stimulant; one would be benefited and the other injured, or if he would prescribe a heart sedative, one would be benefited and the chances are, ten to one, he would kill the other. So is it the case in all other diseases. Ladies must not think that all uterine diseases are alike, and that one remedy will

cure all, for if they do one will be benefitted and ninety-nine will not, and some will even grow worse under the treatment.

While chronic inflammation of the lining membrane, areolar hyperplasia, subinvolution of long standing, the various uterine displacements, etc., are incurable by constitutional treatment alone, or in connection with such remedies as she can apply herself, there are many affections such as vulvitis, pruritis vulva, vaginitis, etc., which are curable by such means as she is capable of using and in others which are not, great relief can be obtained. There are some who are not so situated that they could leave home for treatment, and must do the best they can under the circumstances. Then again there are others who, perhaps, if they were put in possession of certain remedies, with instructions how to use them, as is herein given, would never need local treatment. There are others still, whose cases are incurable, that by the use of such remedies, life can be made tolerable. This life is short at longest, and if there is one thing on earth that will save us from constant suffering and make us comfortable, let us have it.

What a life it must be to live a constant sufferer. Perhaps at no time for years will there be a moment when some, in these afflictions, are free from pain. If your case is so far advanced that internal remedies or the use of such local treatment as you can apply yourself will do no good, do not live on in misery, but seek assistance from some one of undoubted ability in these afflictions and get relief.

A large majority of all uterine diseases are curable, and so few of those which are not that will not admit of great relief, that each lady should seek relief with a certain degree of confidence that they will obtain it. The list of incurable affections is growing less each year as the science of medicine progresses. Indeed, the results of the treatment in these affections now, when compared to the treatment used only a few years ago, is something truly wonderful.

It is useless for me to try to convince ladies that the general practitioners as a rule, know but little about these affections; or that their particular favorite can not treat them as well as anyone. This they will only learn after long years of experience. It is only those who have learned this to their sorrow, and whose cases are so far advanced that they are beyond being relieved by any of the remedies

suitable for their own application, that I most particularly invite to consult me in regard to their afflictions.

Instructions.

While a large majority who are under treatment, follow their daily occupation the same as before, some require a general system of diet and exercise for restoring the depreciated nerve and blood state ordinarily attendant upon pelvic diseases. As a rule these cases require a general tonic plan of treatment. There are, however, a few exceptions to the rule, such, for example, as cases in which nervous troubles and impoverishment of blood so universal as consequences have not as yet arisen, because they have not been long enough exposed to the pathological condition

The following are the directions which are give to patients for a general plan, and those who wish to profit by them while treating themselves can do so:

1. While you are under treatment, remember that a great deal will depend on your cordial co-operation and intelligent endeavor to carry out instructions.

2. Eat fresh animal food three times a day, and as much other nutritious food, such as bread, cracked wheat, potatoes, rice, eggs, etc., as you can

3. Between breakfast and the mid-day meal, the mid-day and evening meal, and upon retiring at night, drink a tumbler of milk, or a teacup-full of beef, or mutton or chicken broth.

4. Every morning upon rising, and every night upon retiring, take a sponge bath of warm water strongly impregnated with table salt, about a teacup-full to an ordinary basin of water. Then rub thoroughly and briskly with a rough towel. The knitted tape towel is the best.

5. After each bath exercise for ten minutes briskly with the dumb-bells, the rowing machine, or light calsthetic rods, breathing during this time freely, and as deeply as possible.

6. Endeavor to sleep for nine hours each night, and for one hour at mid-day, every day remove the outer clothing, be quietly in bed, remain entirely without occupation, and if possible, sleep.

7. Have an action of the bowels once in every twenty-four hours. If constipation exists, take a teaspoon-full of this preparation every morning on waking, in a half tumbler of cold water.

Magnesia Sulph.—4 ounces.

Ferri Sulph.— $\frac{1}{2}$ drachm.

Acidi Sulph. dil.—2 drachms.

Aquae—1 pint.

8. During menstruation keep very quiet, and at all times avoid violent muscular exertion and fatigue.

9. Use every night and morning vaginal injections of very warm water.

10. Be sure that the clothing be loosely worn, and that all weight of skirts be carried upon the shoulders and not upon the hips.

11. In all cases where pluggets of cotton are placed around the uterus in the vagina, they should be removed within 24 hours after being placed, unless otherwise directed.

The appetite and digestion are so often impaired that special attention will generally have to be directed to alleviation of that collection of symptoms which are grouped under the head of dyspepsia. The stomach sympathizing with the uterus, does not perform its functions with vigor; the gastric appears to be wanting or insufficient and fermentation of the food often takes the place of digestion. Under the circumstances I can recommend the following digesting tonic:—

R Sac. Pepsin, $\frac{1}{2}$ ounce.
 Dilute Nitro-Muriatic Acid, 2 drachms.
 Tinct. Nux Vomica, 2 drachms.
 Subnt. of Bismuth, 2 drachms.
 Sherry Wine, 1 pint.

M, SIG. One tablespoon-ful in a quarter of a tumbler of cold water before each meal.

[NOTE] This preparation combines the tonic properties of nux vomica and the peculiar alterative influence of bismuth, with a fluid which resembles the gastric juices. In many cases of habitual indigestion the best results will be obtained.

Prescription No. 9 is also an excellent stomach remedy.

No. 1. Inflammation of the Vulva.

If inflammatory action be excessive, the patient should be kept in bed, upon low diet, and the bowels freely acted upon by saline cathartics, as follows:—

R Magnesia Sulph. 2 ounces.
 Ferri Sulph. 16 grains.
 Dilute Sulphuric Acid, 4 drachms.
 Aquaë, 1 pint.

M. SIG. Two tablespoonfuls in a tumbler of cold water every morning.

Emolient applications should be made constantly to the inflamed parts, and cleanliness scrupulously observed. She should bathe the vulva freely with warm water three or four times daily, and apply a warm poultice of powdered linseed, slippery elm or grated potatoes. To the poultices may be added with advantage a solution of acetate of lead and tincture of opium.

As soon as the acute action has subsided the lead and opium wash should be kept in contact with the parts by dorsels of lint soaked in it and placed between the labia. It is thus compounded:

R Tinct. Opium, 2 drachms.
 Acetate of Lead, 1 drachm.
 Water, 1 pint.

M. SIG. Apply as directed.

Or an ointment made as follows, may be used with advantage:

R Cocaine Muriate, 2 grains.
 Carbolic Acid, 2 drops.
 Oleate of Zinc, 20 grains.
 Vaseline, 1 ounce.

M. SIG To be applied two or three times a day after washing the parts with cold water.

No. 2. Itching of the Vulva.

Should the case be regarded, upon careful investigation, as due to contact of an irritating leucorrhœa with the nerves of the vulva, perfect cleanliness should be secured by three, four, or, if necessary, a larger number of sitz baths daily, and the vagina should, at the same time of taking each bath, be syringed out with pure or medicated water. The irritated surface should be protected by unctuous substances or inert powders, such as bismuth, lycopodium, or starch, from the injurious contact, and in case the discharge comes from the uterus, a wad of absorbent cotton, with a string attached, saturated with glycerine to which has been added boræx or acetate of lead, two drachms to the ounce. Of this plan, which I should mention does not confine the patient to bed, I can speak in high terms. While it

protects the vulva from ichorous discharges, it does not prevent ablation and applications to the point of maximum irritation. A very useful vaginal injection and wash for the vagina, under the circumstances, is the following:

R Acetate of lead, 2 drachms.
 Carbolie acid, $\frac{1}{2}$ drachm.
 Tinct. opii, 1 ounce.
 Water, 4 pints.

M. SIG. Inject one-half pint after injecting pure warm water. This will relieve itching for a time or until removal of the cause of the symptoms is accomplished.

No. 3. Inflammation of the Vagina.

If the case be one of acute character the patient should be kept perfectly quiet in bed, locomotion and sexual intercourse strictly interdicted. Pain should be relieved by opiates or other anodyne suppositories placed in the rectum, and febrile action prevented or controlled by mild unstimulating diet and refrigerents. Every fifth or sixth hour, the patient, placing under the buttocks a bed-pan, upon which she lies, and between the thighs a vessel of warm water, throw a steady stream against the cervix uteri for fifteen or twenty minutes, or even longer. The bowels should be kept in a lax condition by a saline cathartic, and the ardor urine relieved by the use of alkaline diuretics, as follows:

R Acetate pot., 5 drachms.
 Syrup lemonis, 1 ounce.
 Aquae dist., q s ad, 4 ounces.

M. SIG. A teaspoonful every two hours.

Saline Cathartic:

R Magnesium sulphate, 2 ounces,
 Feri sulphate, 16 grains.
 Acid sulphuric dil., 1 drachm.
 Aquae dist., 1 pint.

M. SIG. Two tablespoonsfuls in a tumbler of iced water every morning upon rising.

Should inflammatory action run high and much pain be experienced, great benefit will be derived from the free administration of opium, which should be given until complete quiescence of the system is accomplished. The following is very good:

- R Tincture belladonna, 2 drachms.
 Tincture opii deod 4 drachms.
 Elixir valerinate ammo, 3 ounces.

M. Sig: A teaspoonful every $2\frac{1}{2}$ hours until relief from pain is obtained. Do not use continuously, only three or four times a day as may be needed. A fomentation of hops or a hot mush poultice, applied to the lower part of the abdomen when pain is intense will aid in effecting relief.

When the severity of the symptoms has been relieved by this combination of general and local means, medicate the vaginal injections with the following:

- R Acetate of lead, 1 ounce.
 Pulv dried alum, 1 ounce.
 Acid carbolic, $\frac{1}{2}$ drachm.
 Soft water q. s. ad., 4 ounces.

M. Sig: A teaspoonful to each pint of warm water. Two pints should be used at each injection. Keep this up for three or four weeks or even longer if necessary.

No. 4. For Severe Pain in Uterus.

- R Tinct Opii 1 ounce.
 Tinct Belladonna, 1 ounce.

M. Sig: Apply to uterus by means of a soft sponge soaked with the solution. A string should be attached to the sponge for the purpose of withdrawing it. Apply morning and evening until pain ceases. Bathing lower part of abdomen with the same solution, three or four times daily will aid in effecting relief.

No 5. For Pain and Soreness in Uterus.

If there is great soreness in the uterus, particularly if there is a slight hemorrhage noticed after sexual intercourse, or if cystic or granular degeneration is known to exist, use the following:

- R Pulv. hydrastis, $1\frac{1}{4}$ ounces.
 Tinct. opii, 1 ounce.
 Tinct. belladonna, $\frac{1}{2}$ ounce.
 Glycerine pure, 2 ounces.

S.: Put the hydrastis into one and a half pints of boiling water, stir, and let it boil for several minutes, then strain through muslin; press out all the liquid you can; when cool add the other ingredients. Apply to the uterus evening and morning by means of a soft sponge,

soaked with the solution. A string should be attached to the sponge for the purpose of withdrawing it. Sponge should be withdrawn within twelve hours after placing it, and thoroughly cleansed before repeating the application. A napkin should be worn as it will stain linen. Copious warm water injections should also be used evening and morning.

[NOTE.] This is new, but acts beautifully in many cases of uterine trouble. In some instances it will cure the affection when applied early, and in many cases will give instant relief.

No. 6. Burning in Urethra With Frequent Desire to Urinate.

R Acetate pot, $\frac{1}{2}$ ounce.
 Tinct., belladonna, 2 drachms.
 Syrup simp. q. s., ad 2 ounces.

M. SIG: A teaspoonful three times a day.

[NOTE.] The burning is due to an excess of acid in the urine, which irritates the mucous membrane and produces spasmodic contractions. Thus the acid causes the burning sensation, and the spasmodic contractions a frequent desire to urinate. The acetate of pot. neutralizes the acid, and the tincture belladonna being an anti-spasmodic, the two in combination relieve the troubles.

No. 7. For Sub-Involution.

For subinvolution, or large and painful uterus, the following is an excellent remedy:

R Ergot fl. ext , 2 ounces.
 Alcohol, $\frac{1}{2}$ ounce.
 Aqua, q. s. ad 4 ounces.

M. SIG: A teaspoonful three times a day. At the same time use copious warm water injections. Water should be as warm as can be borne, and thrown against the cervix uteri. If a profuse leucorrhea is present, medicate the water with the following.

R Acetate of lead, 1 ounce.
 Pulv. dried alum, 1 ounce.
 Acid carbolie, $\frac{1}{2}$ drachm
 Soft water, q. s. ad 4 ounces.

M. SIG: A teaspoonful to each pint of water. From one to two pints should be injected evening and morning. If suffering much pain in uterus use number four as directed for three or four days or until relief is obtained or if pain is not so great use number five as directed. Use for three or four weeks.

[NOTE.] These remedies if properly used will allay almost any kind of pain that may be produced by uterine diseases. It will relieve burning pain over the pubes, and will give great relief when there is pain in bladder or rectum if produced by a displaced uterus. The internal remedy should not be taken continuously. After the four ounces are taken discontinue its use for one or two weeks, then commence again if not entirely relieved; but continue the other remedies without intermission. The internal remedy should not under any circumstances be taken during pregnancy, as such a course would be a hazardous one as it might destroy life.

It will always be a great pleasure to me at any time, to give such information as may be desired. And I would be pleased also to have ladies report after trying such remedies as they think are best suited for their disorders, particularly if not benefitted by their use; giving symptoms in full, the number of the prescriptions tried, etc. A two cent stamp is all that is required for such information.

No. 8. Tendency to Miscarriage.

If at any time during pregnancy there is a tendency to miscarriage, use the following:

R Helonias cordial, (W. S. Merrels,) 4 ounces

SIG: A teaspoonful three or four times a day.

[NOTE.] This is also an excellent remedy for young girls at puberty or even afterwards, if any trouble is experienced at the menstrual periods. It is a uterine tonic and anti-spasmodic and may be used in all cases where the functions of the internal reproductive organs are deranged.

No 9. For Indigestion.

R Sac. pepsin, $2\frac{1}{2}$ drachms.
Bismuth subnt., 2 drachms.
Salicyl. sodium, 2 scruples.
Belladonna sol. ext., 1 grain.
Morphine sulph, 1 grain.

M. SIG: Divide into twenty-five powders. Take one every three or four hours as may be required.

[NOTE.] This is also an excellent remedy for catarrh, ulcer or cancer of the stomach. If there is no irritation in the stomach the last two ingredients can be omitted.

No. 10. Cramping and Vomiting at Menstrual Periods.

R Tincture belladonna, 2 drachms.
 Tincture opii, $\frac{1}{2}$ ounce.
 Elixir valerinate ammonia, 2 ounces.

M. Sig: A teaspoonful every $2\frac{1}{2}$ hours until comparative relief is obtained. Do not use continuously, two or three doses a day as may be needed. A fomentation of hops, or hot mush to the lower part of the abdomen when pain is intense will aid in offering relief.

[NOTE.] The trouble may be due to an obstruction to the menstrual flow, or acute attacks of pelvic peritonitis. In either case it should be looked after immediately as it may result in something serious. If due to an obstruction to the menstrual flow, it will result in inflammation of the lining membrane of the body of the uterus, which sometimes resists all treatment. (See corporal endo-metritis page 23.) If the trouble is due to acute attacks of pelvic peritonitis, the affection is a grave one and should not be neglected, as adhesions may form, binding the uterus down and holding it in some abnormal position, which may forever afterwards cause her life to be an unhappy one, and may even render her incapable of sexual intercourse. No. 4 would be an excellent remedy to use in connection with the internal remedy. If used during the menstrual flow the sponge and liquid should be well warmed before using, and also bathe the lower parts of the abdomen with it. Use copious warm water injections between menstrual periods evening and morning. If a leucorrhœal discharge is present, medicate the water as directed in No. 7.

No. 11.—For Periodic Sick Headache and Leucorrhœa.

R Elixir iron quiniæ and strychnia, 8 ounces.

Sig: A teaspoonful three times a day. Use also the following vaginal wash:

Tannin, $\frac{1}{2}$ ounce.

Sig: Divide into twenty-four powders. Dissolve one powder in a pint of soft water as hot as can be borne, and inject into vagina every night before retiring. For the sick headache, take this; when there is a tendency to an attack:

Tinct gentian comp, 4 ounces.

Sig: Take a teaspoonful at a dose. One dose whenever the attack is coming on, repeat every four hours.

No. 12. Dyspepsia, Weakness and Dragging Pains Across Hips; Pain Between Shoulders, Chronic Constipation, &c.

R Lactopeptine, 2 drachms.
Pulv gentian, 1 drachm.
Carbo. vegetabilis, $\frac{1}{2}$ drachm.

M. SIG: Divide into eighteen powders. Take one after each meal. Also take this;

R Tincture aloes $\frac{1}{2}$ ounce.
Elixir hypophosphites q. s. ad 4 ounces.

M. SIG: A teaspoonful three times a day.

No. 13. For Liver Spots.

R Ext. nux. vomica, 5 grains.
Aloin, 2 grains.
Ext. gentian, 30 grains.

M. SIG: Make thirty pills. Take one pill before each meal.

[NOTE.] Brown spots on the face are usually due to chronic uterine disease, which, to obtain permanent relief must be removed.

No. 14. Weak Stomach After Eating, Pain in Back of Head, in Small of Back and Chest.

Use the following:

R Pepsin sach, $\frac{1}{2}$ ounce.
Podophyllin, 3 grains.

M. SIG: Divide into thirty-five powders. Take one powder before each meal. Be regular in eating and drinking, eat nothing hard to digest, and bath often, briskly rubbing with a crash towel afterwards. For the pain in the small of the back use the following:

R Aconite.
Tinct. belladonna.
Chloroform, equal parts.

M. SIG: Apply over seat of pain. For external use only.

The powders may be followed with this:

R Tinct. cinchonia comp., 4 ounces.
Podophyllin fl. ext., $1\frac{1}{2}$ drachms.

M. SIG: A teaspoonful, three times a day, before or after meals. If the bowels move too freely lessen the dose.

No. 15. Scalding Irritation. Brick Dust Deposits in Urine.

R Acetate pot., $\frac{1}{2}$ ounce.
 Liq. ammo. acetatis, 2 ounces.
 Spts. aeth. nit., 1 ounce.
 Syr. aurent cort., q s. ad 4 ounces.

M SIG: A teaspoonful every four hours. Eat no fruit, lemons, pickles, vinegar, in fact nothing sour, until all trouble is cured.

No 16. Stomach Trouble, Palpitation of the Heart. Constipation.

R Elixir pepsin, bismuth and strychnia, 4 ounces.
 SIG. Take one teaspoonful before each meal. Also:
 Aloin, 12 grains.
 Ext. belladonna, 3 grains.
 Podophyllin, 2 grains.

M. Make twenty-four pills. Take one each night at bed time.

No. 17. Chronic Stomach Trouble.

R Lactopeptin, 2 drachms.
 Pulv. gentian, 1 drachm.
 Carbo vegetabilis, $1\frac{1}{2}$ drachms.

M. Make eighteen powders. Take one after each meal. Also take:

R Tinct aloes, $\frac{1}{2}$ ounce.
 Elixir hypophosphites of iron, quinia and strychnia, q.
 s. ad four ounces.

M. SIG. A teaspoonful three times a day.

No. 18. Chronic Inflammation of the Female Generative Organs, with Debility

R Fluid extract eucalyptus, 2 ounces.
 Fluid extract pulsatilla, 1 ounce,
 Elixir calasaya, 3 ounces.

M. SIG. A teaspoonful three times a day. Use also:
 Sulphate of zinc, 2 ounces.

Make thirty powders. Dissolve one powder in a quart of hot soft water and inject, as warm as can be born, with a female syringe, morning and evening.

No. 19. Irregular and Painful Menstruation in Young Girls.

R Quiniae sulph., 32 grains.
 Ext nux vomica, 4 grains
 Aloin, 2 grains.
 Ext gentian q. s.

Make twenty pills. Take one pill, three times a day. Also use vaginal injection as directed in number eighteen.

[NOTE] The trouble may be due to a closure of the mouth of the uterus. In this case nothing but a removal of the obstruction will effect a cure. Remember a two cent stamp is all it will cost you for any information desired in regard to your trouble.

No. 20. Dyspepsia, Heart Difficulty; Constipation, Piles; Nervousness

For dyspepsia and constipation take the following:

Elixir pepsin, bismuth and strychnia, 4 ounces.

SIG. A teaspoonful before each meal.

For constipation take this:

R Aloin, 12 grains.
 Ext belladonna, 3 grains
 Podophyllin, 2 grains.

M. Make twenty pills. Take one each night at bed time. For the piles, if protruding, bath the protruding parts for several minutes with cold water after every operation, and then annoint with this:

R Benzoated zinc ointment, 1 ounce.

Also use the following:

R Morph sulph, 3 grains
 Tannin, 2 grains.
 Ext conii, 15 grains.

Oil theobrom, q. s. to make fifteen suppositories.

Insert one of these into the rectum every night on going to bed. Keep the bowels open, avoid all indigestible food, be regular in eating and drinking and bathe frequently.

[NOTE.] If the piles do not protrude omit the external ointment. The whole trouble may be due to a falling backwards of the uterus causing pressure upon the rectum. This abnormal position, would also produce the other symptoms; in this case omit the remedies herein given and have the uterine trouble treated by some

good specialist of unquestioned ability in these affections. If you are so situated as to make this impossible, use the remedies as directed.

No. 21. Dyspepsia, Dizziness, Rheumatism, and Nervous Prostration.

For the dizziness, nervous prostration, etc., take:

Elixir pyrophosphates iron,
Calisaya and strychnia, 6 ounces.

S. A dessert-spoonful three times a day.

For the stomach take this:

Lactopeptine, 2 drachms.
Pulv gentian, 1 drachm.
Carbo vegetabilis, 1½ drachms.

M. Make eighteen powders. Take one after each meal.—For the rheumatism take this:

Salicylic acid, 3 drachms.
Biborate of soda, ½ ounce.
Vini colchici, 1 ounce.
Elixir simp q. s. ad 4 ounce.

M. S. A teaspoonful three times a day.—Rub the painful parts thoroughly with the following:

Chloroform, 1 ounce.
Tinct. aconite, 1 ounce.
Tinct. sapo. comp, 2 ounces.

[NOTE.] The rheumatism may be of a neuralgic form, and due to uterine trouble. Dyspepsia, dizziness, and nervous prostration are symptoms of chronic uterine disease. In this case the good results obtained will be temporary. However this is worth a good deal in some instances, especially in cases where it is impossible from some cause to obtain permanent relief.

No. 22. For Bloating and Constipation.

Lactopeptine, 10 grains.
Subnt. bismuth, 10 grains.
Creta preparata, 1 drachm.

M. Make ten powders. Take one powder three times a day just after meals. For the constipation take this:

Tinct aloes, 1 ounce.
Tinct cardamom comp, 2 drachms.
Fl. ext. glycyerrhizae, ½ ounce.

M. S. A teaspoonful after dinner each day.

No. 23. Dyspeptic Trouble.

Peptonic pills, (Wyeths,) No. 30.

Take one pill immediately after each meal.

No. 24. Indigestion, Constipation, Nervous Prostration, Pain Between Shoulders, and in Small of Back; Difficult to Climb Stairs, do Ironing, Scrubbing, Sweeping, &c.

A general tonic treatment is indicated. Take this:

Syrup of the hypophosphites
(Fellons,) 6 ounces.

S. A teaspoonful one-half hour after each meal. For the indigestion follow prescription No. 22. Keep the bowels open. For a nerve tonic take this:

Strychniae sulph, $\frac{2}{3}$ grains
Phosphoric acid dilute, 1 ounce.
Comp. tinct cinchonia. 1 ounce.

M. S. Take fifteen drops four times a day, follow it with a wine glass of water. And by all means have the uterine trouble attended to.

No 25. Burning Sensation at Stomach.

Pepsin pure, 30 grains.
Pancreatin, pure, 30 grains.
Lacto phosphate of lime, 3 scruples,

To be made into a pill mass with any proper excipient. Divide into thirty pills. Take one immediately after each meal.

No. 26. Irregular Menstruation, Pain and Swelling of the Limbs Each Time. Headache.

Take the following at each monthly period:

Tincture belladonna, 2 drachms.
Tincture opii, $\frac{1}{2}$ ounce.
Elixir valerinate ammonia, 3 ounces.

M. S. A teaspoonful morning and night for three days. Also take the following steadily every day for two months:

Ferri pyrophosph, $\frac{1}{2}$ ounce.
Tincture aloes et myrrh, $\frac{1}{2}$ ounce.
Comp. tincture cinchonia, 3 ounces.

M. S. Two teaspoonfuls three times a day, before eating

No. 27. Suppression of Menses in Young Girls.

If due to cold, use the following:

Fl. ext. ergot, $\frac{1}{2}$ ounce

Tincture aloes, $\frac{1}{2}$ ounce

Simple elixir, q. s. ad 4 ounces.

M. S. A teaspoonful every three hours until the flow is established. Warm sits baths will promote the action of the medicine. Be careful not to expose to cold after taking the baths.

No. 28. General Female Debility.

Take the following:

Strychnia sulph, $1\frac{1}{2}$ grains

Quiniae sulph, 32 grains

Tincture ferri muriate, 3 drachms.

Vini portensis q. s. ad 4 ounces.

Make a solution. Take a teaspoonful in a wine glass of water three times a day.

No. 29. General Nervous Debility.

Elixir calesaya iron and phosphorus, 6 ounces.

S. One teaspoonful three times a day.

No. 30. For General Debility and Loss of Appetite.

Lactopeptine, 10 grains.

Bismuth subnt, 10 grains.

Creta preparata, 1 drachm.

Divide into ten powders. Take one every three hours. Also take:

Ext. nux. vomica, 6 grains.

Quiniae sulph, 32 grains.

Aloin, 3 grains.

M. Divide into thirty-two pills. Take one pill before each meal, and before going to bed. Continue both powders for three or four weeks.

No. 31. Chronic Constipation.

Cascara sagrada, $\frac{1}{2}$ ounce.

Simp. syrup, q. s. ad, 3 ounces.

M. S. A teaspoonful 3 times a day, one or two hours after meals.

No. 32. Tonic.

To be taken when liver is torpid. Tongue coated and bowels constipated, loss of appetite:

Tincture cinchonia comp, 4 ounces.

Fl ext. podophyllin, 1½ drachms.

M. S. A teaspoonful three times a day. If bowels move too freely lessen the dose.

No. 33. Tonic.

To be used for the same purpose as No. 32.

Tincture gentian com, 4 ounces.

Podophyllin fl. ext, 1½ drachms.

M. S. A teaspoonful three times a day. If bowels move too freely, lessen the dose.

No. 34. Rheumatism.

Salicyl. of sodium 2½ drachms.

Aquae q. s. ad 2 ounces.

M. S. A teaspoonful every hour until a slight ringing in the ears, or less if the pain ceases. If the pain returns, repeat same as before.

No. 35. For Inflammation of the Vulva.

Acidi hydrocyanici dil, 2 drachms.

Plumbi diacetatis, 1 scruple.

Olei coca, 2 ounces.

M. S. Apply after washing the parts with cold water.

No. 37. Chronic Pelvic Peritonitis.

Iodide pot., 3 drachms.

Syrup Iodide of Iron, 2 ounces.

Tincture Columbæ, 6 ounces.

M. S. A dessert-spoonful in water three times a day. Wash out the mouth after taking it.

No. 38. Chronic Pelvic Peritonitis.

Potassii bromide, 5 drachms,

Vini ferri dulcis, 4 ounces.

M. S. A desert-spoonful in water three times a day.

No. 39. Pelvic Abscess.

All that can be done in these cases is to support the vital processes, which are always much prostrated by the process of suppura-

tion. The patient should take the most nutritious diet, as much animal food as she can digest, eggs, milk, fresh vegetables, and malt liquors. Whiskey or brandy should be allowed her, and the blood state should be improved as much as possible by vegetable and mineral tonics. Those most especially suited to the condition are preparations of cinchonia, and of iron, as for instance the following:

Quiniae sulph, 2 scruples.

Ferri sulph, 1 scruple.

Acid sulph arom, 10 drops.

Mucillage acasia q. s — M. et. pill No. 20.

One to be taken three times a day before meals.

It is to surgery that we must look most confidentially for aid, and in this connection arises the important question as to the propriety of opening such abscesses, the point for evacuation and the time for interference. Should an abscess in the pelvis show a rapid tendency to point and discharge through a favorable channel, at the same time no distressing or dangerous symptoms show themselves it would be the part of wisdom to await the action of nature.

No. 40. Vaginal Wash in Cancers of the Uterus.

To secure cleanliness, prevention of fetor, and diminution of hemorrhage and pain by the free use of warm vaginal injections of antiseptic and astrigent character such as the following :

Acidi carbolici (sol sat.) 2½ ounces.

Glycerine, 1 pint.

Aluminis sulph, 14 ounces.

Morphiae sulph, 16 grains.

M. S. Add one table-spoonful to two quarts of warm water, and use as a vaginal injection morning and evening.

No. 41. Ovarian Dismenorrhea, or Pain in the Ovaries at Menstruation.

As soon as menstruation begins, or some hours before if its approach can be recognized, the patient should go to bed and apply warmth, by bottles of warm water, or warm bricks wrapped in flannel, to the feet, abdomen, and sacrum, alternately. She should then take by the rectum an injection composed as follows:

Tincture assafœtidæ, 2 drachms.

Tincture belladonna, 20 drops.

Warm water, 3½ ounces.

M. S. Throw the whole into the rectum and retain.

If the patient have any decided objection to the use of an injection, the following prescription will be found very useful:

Chloral hydrat, 2 drachms.
Potassii bromide, 2 drachms
Morphine sulph, $\frac{1}{2}$ grain.
Syrup auranti cort, 3 ounces.

M. S. A dessert-spoonful in a wine glass full of sweetened water every four hours while in pain.

The following suppository will sometimes prove useful in place of the injection:

Belladonna ext, 1 grain.
Opii pulv, 3 grains.
Assafœtidæ gum, $\frac{1}{2}$ drachm.
Butry coca, q. s ad—M. et ft. Supposit No. 6.

S. One by the bowels night and morning while suffering.

[NOTE.] Great care in these cases should be to avoid creating in the patient a craving for opiates and stimulants.

No. 42. For Leucorrhea.

When the vagina is affected by an acrid leucorrhea, medicate the vaginal wash with the following:

Acid tannici, 4 ounces.
Glycerine, 16 ounces.

S. A tablespoonful to a quart of tepid water, to be used every night and morning. Use No. 5 as directed in connection with the wash. This will often cure, while in its first stages.

No. 43 For Leucorrhea.

Cuprii sulph, $\frac{1}{2}$ drachm.
Zinci sulph, $\frac{1}{2}$ drachm.
Aluminis sulph, $\frac{1}{2}$ drachm.
Glycerine, 8 ounces.

M. Follow the same directions as those given in No. 42. Try No. 5.

One drachm of boracic acid to a pint of warm water, half a drachm of hydrate of chloral, or half an ounce of the fluid extract of pinus canadensis to the same, also answers an excellent purpose.

No. 44. For Constipation in Pregnancy.

Flour sulphur, 3 drachms.
Pulv. senna leaves, $\frac{1}{2}$ ounce.

Pulv. liquorice com, $\frac{1}{2}$ ounce.

Sac Alb., $1\frac{1}{2}$ ounce.

M S A teaspoonful at bed time, in one-half tumbler of water.

No 45. For Cold Hands and Feet.

Every night give them a hot bath, rub until they are red, Also obtain:

Elixir pyrophosphate iron.

Calisaya and strychnia, 6 ounces.

S. A teaspoonful three times a day, continue for several weeks.

No. 46. For Spitting Up Food, Flatulency, Weight in Stomach, Weakness, Nervous Prostration.

Have your druggist put up:

Elixir pepsin, bismuth and strychnia, 4 ounces.

One teaspoonful just before each meal

No. 47. Nervous Prostration.

Fluid ext , coca, 2 ounces.

Fluid ext. black haw, 2 ounces.

Fluid ext. celery seeds, 1 ounce.

M. S. A teaspoonful three times a day for two weeks, then increase the dose to a dessert-spoonful.

No 48. Dropsical Swellings With Pain in Region of Kidneys.

Tincture muriate of iron, 1 ounce.

Acetic acid, 2 drachms.

Solution acetate of ammonia, 6 ounces.

M. S. A teaspoonful three times a day,

No. 49. Attacks of Headache, With Constipation and Loss of Appetite.

For the attacks of headache, take:

Citrate of caffeine, 10 grains.

S. Make five powders Take one at the beginning of attack, and second in three hours if not relieved.

For the bowels, also obtain aloin pills, each containing $\frac{1}{4}$ grain of the drug. Take one each day after dinner. Continue for several weeks, until the constipated habit is broken up.

No. 50. Periodical Sick Headache, Accompanied by Sick Stomach and Sometimes Ending in Vomiting.

Immediately on feeling an attack coming on take an emetic. Obtain the following mixtture:

Sulphate magnesia, 6 drachms.
 Carbonate magnesia, 1 draehm.
 Comp tincture lavender, 3 ounces.
 Peppermint water to make 8 ounces

M. S. Take two teaspoonfuls early each morning Keep the
 bowels open.

No. 51. Constipation and Bloating.

Tincture nux vomica, 2 drachms.
 Tincture belladonna, 2 drachms.
 Tincture phyostigma, 2 draehms.

M. S. Twenty drops in water morning and evening.

No. 52. Dizziness, Prickly Burning Sensation in Limbs, &c.

Elixir ealisaya, 8 ounces.
 Simp elixir, 6 ounces.
 Water, 1 ounce.
 Syrup simp, 1 ounce.
 Pyrophosphate, 228 grains.

Dissolve the pyrophosphate in the water previously heated. Add
 other ingredients.

S. A dessert-spoonful three times a day before meals.

No. 53. Heart Stimulant.

To be taken when heart action is weak :

Tincture Digitalis, $1\frac{1}{2}$ draehms.
 Syrup simp. q. s. ad 2 ounces.

M. S. Teaspoonful three times a day. This should not be con-
 tinued longer than a week at a time. It may be taken every alternate
 week, until the heart action becomes normal.

Vaginal Suppositories.

Suppositories may be made as follows; each suppository should
 contain:

- | | |
|----|---|
| A. | Oxide of zine, 3 grains.
Ext. belladonna, 1 grain. |
| | Or |
| B. | Sulphate of alum, 3 grains.
Opil pulv., 1 grain. |
| | Or |
| C. | Mereurial ointment, 10 grains.
Ext. belladonna, 1 grain. |

Or

D. Iodide of lead, 5 grains.

Opii pulv, 1 grain.

Or

E. Tannin, 2 grains.

Ext. belladonna, 1 grain.

These substances may be made into a mass with powdered gum tragacanth, starch, or slippery elm and glycerine, and the whole covered with coca butter. They may be inserted by the finger, and employed once or twice daily.

A great deal of discomfort often arises from larger doses than I have given, and even in these some will find it necessary to cut each suppository in half before employing it.

No 53½. *For Gonorrhea.*

Follow treatment given in No. 3. If the inflammatory action does not run high, use the medicated warm water injections at the beginning. These injections will prevent an attack, if used freely after each copulatory act.

PREScriptions FOR BOTH MALE AND FEMALE.

The following prescriptions are for both adult, male and female: For children the dose must be decreased to suit the age

One teaspoonful contains 60 drops.

One dessert-spoonful contains 120 drops.

One table-spoonful contains 240.

One teaspoonful equals 1 drachm.

One tablespoonful equals ½ ounce.

20 drops or grains equal 1 scruple.

3 scruples equal 1 drachm.

8 drachms equal 1 ounce.

Proportionate Dose For Children.

When teaspoonful doses are given for adults the proportionate dose for children are as follows:

Age	6 months,	5 drops
"	1 year,	7 drops.
"	2 years,	9 drops.
"	3 "	11 "
"	4 "	13 "
"	5 "	15 "
"	6 "	17 "
"	7 "	20 "
"	8 "	22 "
"	9 "	25 "
"	10 "	27 "
"	11 "	30 "

Increase at the same ratio until twenty years of age
 Females usually require less doses in quantity than males.

No. 54. For Cough.

Apomorphia hydro, $\frac{1}{2}$ grain.

Acid hydrochloric, dil, 2 drachs.

Syrup simp., $\frac{1}{2}$ ounce.

Aquae menth pp. q. s ad 4 ounces.

M. S. A teaspoonful every two hours.

No. 55. For Cholera Morbus.

Tinct opii, 11 drops.

Acid nitric dil., 10 drops:

Aquae camphor, 4 drachms.

M. S. A teaspoonful every two or three hours.

No. 56. For Indigestion.

Acid hydroch. dil., 1 drachm.

Tincture gentian com., $\frac{1}{2}$ ounce.

Syrup rhuebarb, $\frac{1}{2}$ ounce.

Aque q. s. ad 4 ounces.

M. S. A tablespoonful one hour after meals.

No. 57. Impoverishment of Blood.

Syrup Iod of Iron, 1 ounce.

Simp. syrup q. s. ad 4 ounces.

M. S. A teaspoonful three times a day after meals. Wash out mouth after taking it.

No. 58. Tonic.

Herseford's acid phosphors, 6 drachms.

Tincture nux vomica, 1 drachm.

Tincture cinchonia com., 1 ounce.

Tincture gentian com, 1 ounce.

Simp. syrup, 3 ounces.

M. S. A teaspoonful fifteen minutes before meals in a half tumbler of water. (Ford.)

No. 59. For Malaria.

Tinct. cinchonia com., 2 ounces.

Podophyllin fl. ext, 1 drachm.

Fowlers sol. arsenic, 1 drachm.

Simp. syrup q. s. ad 4 ounces

M. S. A teaspoonful after each meal.

No. 60. For Indigestion.

Sach. pepsin, 3 drachms.

Tincture belladonna, $\frac{1}{2}$ drachm.

Morphia sulph., 1 grain.

Aquae, 1 ounce.

Port wine q. s. ad 4 ounces

M. S. A teaspoonful every two hours.

No. 61. For Cough or Whooping Cough.

Apomorphia hydro, 1 grain

Acid muriatic dil., 10 drops.

Morphia sulph, $\frac{1}{2}$ grain.

Simp. syrup 2 ounces.

M. S. A teaspoonful three times a day.

No 62. For Sore Throat and Cough

Apomorphia hydro, 1 grain.

Acid muriatic, 10 drops.

Ext. liquorice fl., $1\frac{1}{2}$ drachms.

Syrup tolu q. s ad 2 ounces.

M. S. A teaspoonful three times a day.

No 63. Chronic Constipation.

Cascara sagrada, $\frac{1}{2}$ ounce.

Ext. fl. Podophyllin, 32 drops.

Syrup simp., 3 ounces.

M S. A teaspoonful three times a day, one hour after meals.

No. 64. For Excessive Urination.

Ergot fl. ext., 2 ounces.
 Tincture opii deod., 4 drachms.
 Aquae q. s. ad 4 ounces.

M. S. A teaspoonful three times a day.

No. 65. For Sore Mouth.

Hydrastis, 1 drachm.
 Glycerine pure, 1 ounce.
 Acid Carbolie, 5 drops.

M. S. One half teaspoonful every three hours. Let it come in contact with all parts of the mouth, then swallow.

No. 66. For Cough and Sore Throat.

Ammonia chlo., 1 drachm.
 Liquorice Ext., 2 drachms.
 Syrup tolu q. s. ad 2 ounces.

M. Sig. A teaspoonful three times a day.

No. 67. For Hoarseness.

Tincture opii camph., 1 drachm.
 Tincture zone, 1 drachm.

M. S. Inhale every few minutes or hour. Take ten or fifteen drops internally every two or three hours. This will often bring relief within one or two hours even in cases in which persons can not speak above a whisper.

No. 68. For Lumbago.

Colodion, 2 drachms.
 Tincture iodine, 2 drachms.
 Water ammonia, 2 drachms.

M. S. To be applied widely over the affected region, with a camel's hair brush. Will give instant relief.

No. 69. For Inflammation of the Bladder. (Cystitis.)

Balsam Copaiba, 4 drachms.
 Oil turpentine, 1 drachm.
 Sweet spts niter, 6 drachms.
 Spts. avender, 6 drachms.
 Simp. syrup q. s. ad 4 ounces.

M. S. A teaspoonful three times a day.

No. 70. For Bronchitis.

Ammonia chlor, 1 drachm.

Fxt. glycyrr., 3 drachms.

Syrup ipicac, 4 drachms.

Aquae q. s. ad 4 ounces.

M. S. A teaspoonful every two or three hours.

No. 71. Constant Desire to Urinate.

Tincture belladonna, $\frac{1}{2}$ ounce.

Elixir calisaya q. s. ad 6 ounces.

M. S. A teaspoonful three times a day.

No. 72. Sciatic Rheumatism.

Empty the bowels by a dose of compound cathartic pills, (U. S. P.,) and the next day begin taking the following :

Balsam copaibae, 4 drachms.

Tincture lavand, 4 drachms.

Tincture hyosc, 3 drachms.

Biscarb pot., 1 drachm.

Mucilage, 1 ounce.

Aquae, 6 ounces.

M. S. A tablespoonful every 4 hours.

No. 73. Dysentery.

Benzoate of sodium, $\frac{1}{4}$ drachms.

S. Make twenty powders. Take one powder three or four times a day.

No. 74. Severe Facial Neuralgia

Chloroform, 2 drachms.

Tincture aconite red, 2 drachms.

Morp. sulph., 1 grain

Iodide pot., 1 drachm.

M. S. Prick the skin over seat of pain, with a fine needle, twenty or thirty punctures. Rub in the above; continue once or twice daily.

No. 75. Bleeding Piles.

Ext. belladonna, 5 grains.

Iodoform, 1 grain.

Acetate of lead, 1 grain.

Vaseline, 75 grains.

M. S. Apply to rectum three or four times a day.

No. 76. Chronic Diarrhoea.

Have the druggist put up four drachms of benzoate of sodium, in fifteen grain doses. Take a dose four times a day. When the diarrhoea is stopped, take the following tonic:

Pyrophosphate, 2 drachms.

Comp. tincture gentian to make 3 ounces.

M. S. Two teaspoonfuls before each meal. Use several weeks.

No. 77. Pimples on the Face.

Tincture aloes, 1 ounce.

Tincture senna, 1½ ounces.

M. S. Take five drops after each meal. Avoid the use of all irritating soaps on the face. Use the following wash for eruptions:

Corrosive sublimate 6 grains.

Aquae rose, 3 ounces.

M. S. Apply with a soft cloth before retiring each night.

No. 78. For Pimples on the Face.

Oleate of hydrarg, 10 grains.

Oleate of zinc, 30 grains.

Vaseline, 1 ounce.

Oil bergamot, 10 drops.

M. S. Apply on pimples before retiring at night. Take internally the following:

Syrup iodide of iron, 1 ounce.

Simp. syrup, 3 ounces.

M. S. A teaspoonful after meals. Wash out the mouth after taking it.

[NOTE.] Use this in preference to 77.

No. 79. Pinworms in Rectum.

The injection of two tablespoonfuls of tincture aloes, or of tincture quassia, if repeated daily four or five times will cure pinworms.

No. 80. For Kidney Trouble, When Sore on Pressure; Frequent Urination.

Acetate pot., 2 drachms.

Liq. ammonia acetatis, q. s. ad 6 ounces.

M. S. Two teaspoonfuls every three hours.

No. 81. Chronic Constipation.

Tincture aloes, ½ ounce.

Comp. tinct cardamom, 2 drachms.

Fl ext. glycyrrhizae 1½ ounces.

M. S. A teaspoonful after dinner each day.

No. 82. Enlargement of the Liver.

Have your druggist order for you, Benzoatid bear's foot ointment, two ounces. Rub over the enlargement, morning and night, before a hot stove. This is a new remedy, but operates beautifully.

No. 83. Insomnia in Elderly People.

Fl. ext. Jamaica dogwood, 4 ounces.

S. Take ten drops every night before retiring. If needed the dose can be increased to fifteen or twenty drops, just enough to secure sufficient sleep.

No. 84. Nervous Dyspepsia.

Comp. syrup of lactopeptine (Wyeth's) 8 ounces.

S. A teaspoonful after each meal.

No. 85. Tetters on Hands.

Keep them dry and constantly covered with:

Benzoated zinc oint., 1 ounce.

Wash off every night with warm, soft water and castile soap, dry the hands before the fire and apply again.

No. 86. Billiousness.

With drowsiness, dizziness, nervousness, etc.

Aloin, 10 grains.

Quinine sulph., 30 grains.

Capsicum, 3 grains.

M. S. Make thirty pills. Take one morning and evening.

No. 87. Rheumatism.

Salicylic acid, 3 drachms.

Borate of soda, $\frac{1}{2}$ ounce.

Vinum. colchici, 1 fl. ounce.

Elixir simp. q. s. ad 4 ounces.

M. S. A teaspoonful three times a day.

No. 88. Coated Tongue, Bitter Taste in Mouth on Rising. Dizziness.

Quinine sulph., 32 grains.

Pulv. capsici, 20 grains.

Aloin, 3 grains.

Ext. nux vomica, 5 grains.

M. S. Divide into twenty four pills. Take one pill three times a day. Continue several months.

No. 89. For Piles or Hemorrhoids.

Acid tonic, 2 drachms.

Cocaine muriate, 5 grains.

Vaseline, 1 ounce.

M. S. Anoint the rectum two or three times a day.

No. 90. Cough Syrup.

For coughs, colds, and bronchial affections:

Ammonia chlo, 1 drachm.

Ext. glycyrrh, 1 drachm.

Ipecac syrup, 3 drachms.

Tolu syrup, 2 ounces.

Apomorphia muriate, 1 grain.

Alcohol, $\frac{1}{2}$ ounce.

Acid hydroch dil., 20 drops.

Aqueae, 1 ounce.

Dissolve the apomorphia in the water; then add the other ingredients.

S. A teaspoonful every two or three hours.

No. 91. Life Drops.

For nausea, diarrhoea, cholera morbus etc.

Oil of cajeput, 1 drachm.

Oil of anise, 1 drachm.

Oil of cloves, 1 drachm

Alcohol q. s. ad 2 ounces.

M. S. One half to a table spoonful every fifteen or thirty minutes in severe cases. Dilute with table spoonful of water and add a little sugar to sweeten.

[NOTE.] Every family should have a bottle of this mixture on hand for emergencies.

No. 92. For Neuralgia.

Tincture aceniti, 1 ounce.

Tinct belladonna, 1 ounce.

Chloroform, 1 ounce.

M. S. Apply to painful parts. For external use only.

*No. 93. Catarrhal Ointment.*Acid boracic, $1\frac{1}{2}$ drachms.

Acid carbohc, 5 drops.

Vaseline, 1 ounce.

Bergamot, 10 drops.

M. S. Apply to noistrils morning and evening.

No. 94. Liniment.

Oil of origanum,
 Oil of wormwood,
 Gum camphor,
 Oil of cloves,
 Aquae ammonia of each $\frac{1}{2}$ ounce,
 Alcohol, 8 ounces.

M. S. Apply to painful parts. Good for man or beast.

No. 95 For Chronic Diarrhœa and Dysentery.

If complexion is of a sallow hue, and tongue coated, take this:

Hydrarg chlo. mi., 5 grains.
 Opii pulv., 1 grain.
 Creta preparata, 10 grains.

M. S. Take this at bed time. Also take the following; beginning next morning:

Bismuth subnt., 4 drachms.
 Salol, 72 grains.

M. S. Divide into twenty-four powders. Take one every three hours. Follow this with:

Tincture cinchonia com, 4 ounces.
 Fl. ext podophyllin, 1 $\frac{1}{2}$ drachms.

M. S. A teaspoonful three times a day.

[NOTE.] In some cases it is necessary to repeat the dose given in first prescription every fourth or fifth evening for several weeks, but if complexion is clear and tongue not coated, omit it entirely. This is a new remedy, but acts beautifully. This has cured old chronic cases of long standing, in which every thing else had failed. It is a never failing remedy in chronic camp diarrhœa.

No. 96 Diarrhœa Remedy

For children from 3 to 5 months old.

Tinct. opii. camph. 20 drops
 Bismuth subnt 20 grains.
 Creta preparata 20 grains.
 Syr. simp 1 ounce.

M. S. $\frac{1}{2}$ teaspoonful every 2 or three hours; for older children, increase the dose.

No. 97. Diarrhoea Remedy.

Bismuth subnt. 1 drachm.

Salol, 30 grains.

M. S. Divide into 15 powders Take one every 3 hours.

[Note] Salol is an excellent medicine to give in all cases of bowel trouble. In acute attacks of diarrhoea, adults can take 10 grain doses every 3 hours Children from one to two years old 1 grain doses can be given.

Salol is also an excellent remedy in typhoid fevers, given in suitable doses, every 3 hours. It is an excellent remedy in flux, and dysenteric bloody stools, either in the young or aged.

No. 98. Antifebrin in Fevers.

One of our leading medical institutes reports 53 cases which were treated with Antifebrin. They included scarletina, measles simple and complicated by pneumonia, erysipelas and croupous. Two noticeable points not previously observed were brought out:

1. The effect of the drug is seen within ten or twenty minutes after it is administered, and the fall of temperature is very rapid until it reaches its lowest point, when it begins to rise again. The rapidity of the fall depends more on the individual and the disease than on the dose given

Scarlet fever and erysipelas were the least affected by the drug. Measles and pneumonia respond more readily, and tubercular affections complicated with measles most quickly of all. The pulse was not affected to the same extent as the temperature. The dose is about two grains to children three or four years old. And 3 to 5 to older children, and from seven to ten grains to adults repeated every four hours if necessary. It is excellent in all kinds of fevers, but should not be given at closer intervals than every four hours. It is tasteless, hence children do not object to taking it.

No. 99. For Enfeebled Vitality.

Use the following steadily for 2 or 3 months.

Ferri pyroph, $\frac{1}{2}$ ounce.Tinct. aloes et myrrhae, $\frac{1}{2}$ ounce.Comp. tinct. cinchonae q. s. ad $\frac{1}{2}$ pint.

M. S. Two teaspoonfuls 3 times a day just before eating.

No. 100. For Sexual Weakness in Youth.

This can be cured if it has not gone to the extent of producing a complete paralysis of the vesicles in which the semen is stored.

Treatment must depend upon the causes, severity, and complications. The most common cause is self-abuse. If this be the cause the habit must be instantly and entirely stopped. Subsequent treatment must depend largely upon the state of the constitution. If the patient is florid in complexion, stout of build, and otherwise in active bodily health, he should avoid all excess in eating, drinking and smoking; be regular in habits of retiring and rising, not sleeping too many hours. Sleep on a hard bed, with as little cover as possible. He must not sleep upon the back. To prevent it tie a towel around the body, with a hard knot in the middle of the back, so that if he gets upon his back it will wake him up. The frequent use of cold baths on retiring is beneficial. If the patient be weak and sickly, a generous diet, accompanied by strict attention to hygiene, avoiding excessive labor or exercise, and using no tobacco, tea, or coffee.

To restore the organs to a healthy condition, the following prescription is excellent:

Strychnia sulph., 2 grains.

Dilute phosphoric acid, 1 ounce.

M. S. Take ten drops four times a day. Be careful with this to take *no more* than is here ordered.

In cases complicated by extreme prostration of the vital powers—great debility—the following is useful:

Citrate of iron, 2 drachms.

Quiniae sulp., 32 grains.

Acid sulphuric dil, q. s. to dissolve.

Comp. tinct. cinchona q. s. ad 3 ounces.

M. S. A teaspoonful before each meal and before retiring.

The bowels should be kept regular. A free evacuation should be had daily. Avoid all impure thoughts, improper literature, or anything that would tend to excite the passions.

For seminal losses at night, the use of the following suppository is a cure:


Ext. hyos., 30 grains.

Ext. belladonna, 15 grains.

Pulv. opii, 7 grains.

Oleum theobromae q. s. to make fifteen suppositories.

Introduce one suppository into the rectum as high as the finger can reach, each night before retiring. Unless the foregoing directions are neglected, the trouble will be checked.

 It must be understood that in any case there must be positively no indulgence of the sexual appetite during treatment, and that the treatment must be kept up for several months.

Each family should be supplied with a small stock of medicines for emergencies. Each bottle properly labelled, and kept in some convenient place. No. 90, 91, 93 and 94 would be an excellent addition to the little stock.

In all cases, to avoid mistakes, take this book with you to the druggist, when you want your prescriptions filled.

All questions answered promptly by return mail. Enclose stamp for return answer.

Dr. B. F. WEAVER,

Lock Box 318, Bucyrus, Ohio.

On receipt of \$1.00 the Woman's Guide to Health will be sent to any address.

APPENDIX.

PRONUNCIATION AND DEFINITION.

A.

Ab-do-men—The lower part of the body; the belly.
 Ab-scess—Cavity containing pus; matter.
 Ab-solute—Not limited; positive.
 Ab-sorb—To suck up; to imbibe.
 Ab-surd—Contrary to reason.
 Ac-cess-ible—Capable of being approached.
 A-cid-ity—Sourness.
 Ac-quire—To gain; to obtain.
 Ac-rid—Pungent; irritating.
 Ac-ri-mo-ni-ous—Irritating.
 Ac-men-u-late—To keep together; to increase.
 A-cute—Sharp keen.
 Ad-he-sion—Union of parts; grown together.
 Ad-ja-cent—Lying near; contiguous.
 Ad-mix-ture—Mixed together.
 Ad-mon-ish—To warn; to advise.
 Af-fec-tion—Love; disease.
 Al-bu-men—A substance found in the white of an egg.
 Al-ka-line—Having the qualities of alkali.
 Al-li-ance—Union by marriage.
 Al-ter-a-tive—Medicines intended to change the action by restoring the healthy functions of secretion, etc.
 Am-a-tive-ness—Propensity to love.
 A-mel-io-ra-tion—Improvement.
 A-men-or-rhœa—Absence of the menses.
 Anœ-mia—Impoverishment of the blood.
 An-i-external-rectal-op-er-ing.
 A-nal-o-gous—Agreement between things which are in most respects entirely unlike.
 An-te-rrior—Before; in front.
 An-ti-flex-ion—Falling forward and flexed; bent forward.
 An-ti-ver-sion—Falling forward.
 Ap-a-thy—Want of feeling; insensibility.
 Ap-o-plex-y—A disease characterized by sudden loss of sense and motion.
 Ap-pend-age—Attached to; something added.
 Ap-pre-hen-sion—The power to conceive of the mind; distrust or fear at the prospect of evil.
 Aqua—Water.
 A-rea—Inclosed space; superficial contents.
 A-re-o-lar—Containing small spaces. *Areolar tissue* is the cellular tissue of some writers, named from the interstices which it contains.
 Ar-dor—Urine—A sensation in the inflamed urethra as if the passing urine was scalding hot.
 Ar-rested—To detain; to obstruct.
 At-ro-phy—Wasting; diminution.
 Au-ro-ra—The dawning light.
 A-ver-sion—Opposition of mind; dislike.
 Av-e-nue—Entrance; passage.

B.

Bea-con—A signal light.
 Ben-e-factor—One who confers a benefit.
 Be-reft—Made destitute; deprived.

C.

Ca-nal—Any tube, duct or channel of the body.
 Ca-pac-i-ty—Extent of room or space; power of mind to receive ideas, etc.
 Cap-il-lary—Hair like; applied to extremely small blood-vessels.
 Ca-pric-i-ous—Sudden changes.
 Car-til-age—Gristle attached to bone.
 Cau-date—Having a tail.
 Cav-ity—A hollow space.
 Cells—The elementary form of tissue.
 Cell-u-lar—Containing cells.
 Cer-vix—Neck of uterus.
 Cer-vi-cal—Belonging to the neck.
 Ces-sa-tion—Act of ceasing; stop; rest.
 Char-ac-ter-ize—To distinguish or express the character of.
 Char-la-tan—Medical imposter.
 Chief—Highest; principal.
 Chlo-ro-sis—Green sickness.
 Cil-i-a-ted—Resembling short, fine hair.
 Co-ag-u-lum—A coagulated mass like curd; clot of blood.
 Code—A system of laws.
 Co-i-tion—Sexual intercourse.
 Co-lo-sal—Huge in size.
 Com-bi-na-tion—United; joined together.
 Com-pen-sa-tion—Amends made; remunerated.
 Com-pli-cate—To make complex or intricate; to mix.
 Com-po-nent—Helping to form; elementary part.
 Con-ceive—To imagine; to become with child.
 Cou-gen-i-tal—Present at birth; deformed genitals.
 Con-ges-ted—Distension of vessels and parts by engorgement.
 Con-nect-ion—Act of uniting; connected together.
 Con-cep-tion—Act of conceiving; becoming pregnant.
 Con-se-quence—That which follows.
 Con-serv-a-tive—One who desires to maintain existing institutions.
 Con-sist-en-cy—Degree of firmness or density.
 Con-sti-tute—To establish; to enact; to compose.
 Con-strict—To bind; to cause to shrink.
 Con-struc-tion—Act of construction; fabrication.
 Con-tam-i-na-tion—Pollution; defilement.
 Co-pi-ous—Large in quantity or amount.
 Cop-u-la-tion—Embrace of the sexes in the act of generation.

Cor-po-real—Body.
 Coun-ter part—A part corresponding to another part; a copy; a duplicate; an opposite.
 Crypt—A follicular gland.
 Cul-pa-ble—Faulty; blamable.
 Cyst—A bag in animal bodies inclosing matter.
 Cystic—Pertaining to cysts.
 Cys-ti-tis—Inflammation of the bladder.
 Cys-tis—A bladder or sack.
 Cys-to-cele—Hernia of the bladder.

D.

De-bil-i-ty—State of feebleness; weak; languor.
 De-crep-it—Wasted by the infirmities of old age.
 De-gen-er-a-tion—A growing worse; decline.
 De-gree—One step upward or downward; station; extent.
 De-jec-tion—Lowness of spirits; melancholy; weakness.
 Den-si-ty—Quality of being dense.
 De-praved—Made bad or worse.
 De-pre-ci-a-tion—Act of less-ning reputation, price or value; failing of the general health.
 De-spair; to give up all hope; to despond.
 De-spond-en-cy—Discouragement; permanent dejection.
 Di-ag-no-sis—To distinguish; determination of a disease by means of distinctive characteristics.
 Dif-fer-en-ti-ate—To obtain the differential, or differential coefficient of.
 Dif-fu-sion—Act of diffusing; dissemination.
 Di-late—To enlarge or extend in all directions.
 Dil-i-ta-tion—An enlargement or expansion.
 Di-men-sion—Extent; size.
 Di-min-ish—To make smaller.
 Diph-the-ri-a-tic—Pertaining to diphtheria.
 Dis-crep-aney—Disagreement; variance; inconsistency.
 Dis-charge—To dismiss; to unload.
 Dis-order—Want of order; disease; illness; malady.
 Dis-tinct-ive—Making or expressing distinction.
 Dis-sem-i-nate—To sow, as seed; to spread or extend by dispersion.
 Dis-ten-ded—Lengthened out; stretched or spread in all directions.
 Di-vert—To turn off from any course.
 Dog-ma-tic—Pertaining to a dogma; positive; authoritative.
 Dor-mant—Sleeping; quiescent.
 Duct—Any tube or canal for conveying a fluid.
 Dys-men-or-rhœa—Painful menstruation.

E.

E-con-o-my—*Animal economy* denotes collectively all the laws and arrangements which are necessary to the animal system; human body.
 Ef-ful-gent—To flash forth; shining; bright.

E-gress—To go or come out; act of leaving.
 E-ab-o-ra-ted—Natural process of formation.
 E-las-tic—Springing back; recovering its former figure.
 El-e-ments—The simplest parts or principles of which any thing consists.
 Elu-ci-da'e—To make clear; to explain; to illustrate.
 E-ma-ci-a-tion—Condition of becoming lean.
 E-mo-tion—A state of excited feeling of any kind.
 Em-pir-ic—Depending on experience or observation alone.
 En-coun-ter—A meeting face to face; a meeting with hostile purposes.
 En-do—Within.
 En-dued—Invested; clothed; invested with power.
 En-gen-der—To procreate; to produce; to sow the seeds of.
 En-graf-fed—Planted upon.
 Ep-i-the-li-um—The cuticle covering the nipple, or any mucous membrane.
 Ep-och—A check, pause, stop, in the reckoning of time.
 E-ra—A fixed point of time.
 E-rad-i-ate—To radiate; to root out.
 E-rot-ic—Pertaining to love; anatory.
 E-ruc-tion—To belch.
 Es-sen-tial—Important in the highest degree.
 Eth-ics—Science of human duty; rules of duty.
 E-vac-u-a-tion—Act of evacuating; discharge.
 E-ver-sion—Turned out.
 Ev-o-lu-tion—Undergoing a change.
 E-volve—To develop; to unfold; to become developed.
 Ex-co-ri-a-tion—Abrasion of skin; raw state.

F.

Fa-cil-i-tate—To make easy.
 Fac-tor—One of the quantities which, when multiplied together, form a product.
 Fae-ul-ty—Intellectual endowment or gift.
 Fal-lo-pian—Applied to the ovarian ducts.
 Feb-rile—Belonging to fever; feverish.
 Fe-ces—Dregs or sediment; the alvine excretions or excrements.
 Fe-cun-da-tion—The action of the spermatozoa on the ovule or egg, which thereby becomes impregnated.
 Fer-til-ized—(See Fecundation.)
 Fi-broid—Fibrous nature.
 Fim-bre—[an extremity.] A border or fringe. Applied to the fallopian tubes.
 Fis-sure—Any deep extended depression.
 Flat-u-lence—A collection of gas or air in the stomach or bowels.
 Flex-ed—Bent.
 Flex-ion—The state of being bent.
 Flu-id—Capable of flowing.
 Flux—To flow.
 Flux-a-tion—A determination of blood to any organ.
 Fœtid (fœt-id)—To become putrid; having a bad smell.
 Fœtus (fœ-tus)—A young animal before birth.

Fol-li-cle—A little bag. Applied in anatomy to any secretory cavity.
 Fos-sil-ized—Pertaining to fossils; petrified.
 Function—Peculiar or appointed action.
 Fun-dus—Body.
 Fun-gus—A spongy, morbid growth in animal bodies
 Fun-goid—Pertaining to fungus.
 Fu-si-form—Resembling a spindle; tapering.

G.

Gan-gli-on-ic—The sympathetic nerve system of ganglia, constituting the nervous system of organic life.
 Gaunt-let—A captive compelled to pass between two rows of captors, each holding a club to strike him as he passes.
 Gel-a-tin-ous—Resembling jelly.
 Gen-i-tal—Belonging to the sexual organs.
 Glat-ry—To smear with the white of an egg.
 Glands—A collection of cells, secreting some peculiar substance.
 Glu-ten-ous—Resembling glue.
 Gon-or-rhea—A discharge of purulent infectious matter from the vagina, labia, clitoris, frequently the mouth and neck of the uterus, and sometimes the urethra.
 Gran-u-lar—In the form of grains; appearance of granulations.
 Grave—Of importance; solemn; sober; low; deep; death or destruction.
 Grav-i-ty—Pertaining to grave.
 Gy-ne-col-o-gist—One who treats diseases peculiar to the female sex.

H.

Ha-bit-u-al—Formed by habit; rendered permanent by continued use.
 Har-ras—To worry; to puzzle; to misuse.
 Haz-ard-ous—Dangerous; risky.
 Hec-tic—A slow fever arising from some incurable local disease.
 Hem-or-rhage—A flow of blood; bleeding.
 Her-al-ded—To introduce or give tidings of as by a herald; to proclaim.
 Ho-mo-ge-ne-ous—Of the same kind of quality throughout.
 Hy-men—Thin membrane across the vagina at its entrance.
 Hy-per-es-the-sia—A highly sensitive nerve.
 Hy-per-nu-tri-tion—An excess of nutrition.
 Hy-per-pla-sia—The increase of a part by an increase in the number of its individual structural elements.
 Hy-per-tro-phy—Excessive growth, thickening or enlargement of any organ. In a more restricted sense, it signifies the increase of a part by the increase in bulk of its individual structural elements.
 Hy-per-se-cre-tion—An excess of secretive fluids collected.

I.

Ich-o-rus—Colorless matter flowing from an ulcer.
 Im-mu-ni-ty—A particular privilege; freedom.

Im-pal-pa-ble—Not palpable; not to be felt.
 Im-pede—To hinder; to obstruct.
 Im-pli-ca-ted—To bring in connection with; to show to be connected or concerned.
 Im-po-ten-cy—Want of procreative power.
 In-duce—To prevail on; to influence.
 In-duc-tive—Leading or drawing; capable of leading to; operating by or facilitating induction.
 In-du-ra-tion—The state or process of hardening.
 In-con-ceive-able—Incapable of being conceived by the mind.
 In-con-ti-nance—Want of restraint of the passions or appetite; inability to retain the natural evacuations.
 In-ev-i-ta-ble—Unavoidable; certainty.
 In-fe-li-ci-ty—Unhappiness; misery; misfortune.
 In-fre-quent-ly—Not frequently.
 In-sid-i-ous-ly—Sneakingly; in an insidious manner.
 In-stinct—Unconscious, involuntary or unreasoning prompting to action.
 In-struc-tive—Serving to instruct.
 In-tact—Untouched.
 In-tel-lect—Faculty of the soul by which it knows; the power to judge and comprehend; the understanding.
 In-ter-course—Connection by reciprocal action between persons.
 In-ter-nal—Inward; interior; inside.
 In-te-ri-or—Internal; inner; internal part.
 In-ter-ve-n-ing—To come or be between persons or things.
 In-to-ler-ant—Not enduring; difference of opinion or sentiment; state of being intolerant; unbearable.
 In-tu-i-tive—Seeing clearly; knowing by instinct.
 In-ter-num—(See internal.)
 In-u-da-tion—Superfluous abundance; a state of hardening.
 In-u-tri-tious—Substances not nutritious.
 In-va-ded—Entered with hostile intentions; attacked; encroached upon.
 In-ven-tors—Those who find out something new.
 In-vest-ment—That with which one is invested; a vestment.
 In-vin-ci-ble—Incapable of being conquered or overcome.
 In-volved—Enveloped; complicated; affected.
 In-so-la-ted—To place by itself; to insulate.
 Is-sues—Act of passing or flowing out; egress.

L.

Lac-er-a-tion—Act of tearing.
 Lac-ta-tion—Act of giving milk.
 Lan-guor—Lassitude of body; dullness of the intellectual faculty.
 Las-si-tude—Languor of body or mind; weakness; weariness.
 Lat-er-a—Proceeding from; attached to, or directed to, the side.
 Lax-i-ty—Slackness; looseness; openness.
 Lens—A glass used for magnifying objects.
 Leth-ar-gy—Morbid drowsiness; dullness; inaction.

Leu-cor-rhea—A whitish mucous secretion of the vagina.

Lig-a-ments—An elastic tendinous cord.

Lim-i-t-a-tion—Condition of being limited.

Lo-co-mo-tion—Act of moving from place to place.

Loin—The posterior wall of the abdomen between the base of the chest and the pelvis.

Lu-bri-cate—Literally, making slippery.

Lym-phat-ics—Applied to vessels conveying lymph forming with the lacteal vessels the absorbent of the animal economy.

M.

Mal-a-dy—The french term for disease.

Mal-for-ma-tion—A deviation from the natural or proper form of an organ.

Ma-lig-nant—Applied to diseases that endanger life.

Mal-po-si-tion—A wrong position.

Ma-ni-fes-ta-tion—Act of manifesting or disclosing.

Mar-i-tal—Pertaining to a married man.

Me-a-nus—An opening leading to a canal, duct, or cavity.

Med-i-ca-ted—Any substance to which medicines have been added.

Mem-brane—A skin-like tissue.

Men-ses—The periodical monthly discharge from the uterus.

Men-o-pause—A cessation of the menses.

Men-stru-a-tion—The monthly periods; the function of menstruation.

Me-tri-tis—Inflammation.

Mic-tu-ri-tion—Urination.

Minute—Very small.

Mob-ility—Susceptibility of being moved.

Mod-i-fi-ca-tion—Act of modifying; particular form of manner.

Mo-no-ma-nia—Derangement of a single faculty of the mind.

Mood-y—Indulging moods; capricious frame of mind.

Mo-tor—A source or originator of mechanical power.

Mor-bid—Disease, or pertaining to disease.

Mu-cous—Belonging to or resembling mucus.

Mu-cous Fol-l-i-cles—The follicles or minute glands belonging to the mucous membranes. Their office is to secrete mucus.

Mu-c-o-pus—Decomposed mucus.

Mu-cus—One of the primary fluids of the animal body.

N.

Na-both-i-an Fol-l-i-cle—Applied to small glandular bodies within the mouth of the uterus; first described by Naboth.

Nau-seous—Producing nausea; disgusting.

Neg-a-tive—Having the power of stopping or restraining.

Neu-ro-sis—A nervous affection or disease.

Neu-tral—Substances which have neither the property of an alkali nor an acid.

Nor-mal—Regular; without any deviation from the ordinary structure or function.

Nu-tri-tion—Nourishment; growth.

Nu-cle-i—Kernel; central point around which a calculus is formed.

O.

Ob-lique-ly—Not directly.

Ob-lit-er-a-ted—Destroyed.

Ob-stet-ric-ian—A practitioner of midwifery.

Ob-struct-ed—The act of obstruction or state of being obstructed; to hinder; to block up.

Ob-vi-a-ted—To prevent by interception.

Of-fen-sive—Giving unpleasant sensations; bad odor.

Or-gan-ic—Possessed of organs.

O-rig-i-nal—Source; the first of its class.

Os—The mouth.

Os-ti-um—Pertaining to the mouth.

Os Uteri—Mouth of uterus.

O-va-ry—Female testes.

O-vu-la-tion—A kind of generation consisting in the formation and separation of a membranous sack filled with nutritious matter from the female for the reception and nutrition of a germ separated from the male.

O-vule—A little egg.

P.

Pa-pu-lar—Minute eminences on various surfaces of the body.

Par-tu-ri-tion—Expulsion of the foetus from the uterus.

Path-o-log-i-cal—Belonging to pathology.

Pa-thol-o-gy—The doctrine or consideration of diseases. That branch of medical science which treats of diseases.

Pe-l-vis—Literally, "a basin." The cavity performing the lowest part of the trunk or body.

Per-i-to-ne-um—A strong serous membrane investing the entire perietes and viscera of the abdomen.

Per-me-able—Admitting of being permeated.

Per-me-ate—To pass through the pores or intervening spaces.

Per-i-ci-cious—Having the quality of destroying or injuring.

Per-spire—To evacuate fluid matter through the pores; to sweat.

Phi-los-o-phy—Knowledge of phenomena as explained by, and resolved into, causes and reasons, power and laws.

Phys-i-c-al—Pertaining to nature, as including all created existences.

Phys-iog-no-my—Art of discerning the character of the mind from the face.

Pla-cent-a—The after birth.

Plas-tic—Capable of being formed or modeled.

Pol-u-pus—Tumor in the cavity of the body.

Pos-te-rior—Behind.

Pre-ex-ist-ing—Existing beforehand.

Pre-clude—To prevent; to shut out.

Pre-de-ced-sor—One who has gone before.

Pre-dis-pose—To incline or adapt previously.

Pri-ma-ry—First in time, meaning, or rank.

Pro-cess—A preceding progress.

Pro-cr-e-a-tion—Act of begetting; generation.

Pro-fuse—Very liberal; liberal to excess.

Pro-lap-sus—To fall down; applied to the anus, uterus, etc.

Pro-lif-ic—To bear or produce.
 Pro-gress-ive-ly—With progress.
 Pro-mul-ga-tion—Act of promulgating; publication; open declaration.
 Prop-er-ty—A peculiar quality of anything.
 Pro-pi-tious—Favorable; kind.
 Pros-trated—Great oppression of natural strength.
 Pubes—The external part that is covered with hair.

R.

Ram-i-fy—To shoot into branches; to be divided or subdivided.
 Re-cip-ro-cate—To give and return mutually.
 Rec-to-cle—Hernia of the rectum.
 Re-cur-rent—Recurring.
 Re-laxed—To become feeble.
 Re-mote—Distant in time or place.
 Ren-der—To cause to be, or to become.
 Re-pro-duc-tive—Pertaining to or employed in reproduction; capable of reproducing.
 Re-pug-nance—Opposition or contrariety as of mind, passions, etc. (See aversion.)
 Res-pi-ra-tion—Act of breathing.
 Re-sume—A brief recapitulation; to take back; to enter upon or take up again.
 Re-tard—To prevent from progress.
 Re-tro-grade—To go backwards.

S.

Sa-crum—Posterior bone of the pelvis sustaining the spinal column.
 Sa-line—The nature of salt.
 Sci-en-tif-ic—Agreeing with, or depending on, the rules or principles of science.
 Scin-til-late—To emit sparks; to sparkle, as the fixed stars.
 Se-crete—To deposit in a place of holding; secreted; secretory.
 Sec-ond-a-ry—An affection produced by another.
 Sen-si-bil-i-ty—Capacity to feel.
 Se-ri-ous—Grave in manner or disposition.
 Se-rous—Thin; watery; like whey; pertaining to serum.
 Si-mul-ta-ne-ous—Being at the same time.
 So-lar Plex-us—Nervous ganglia at the small of the back.
 Spas-mo-dic—Pertaining to spasm.
 Spe-ci-fic—A remedy supposed to be infallible.
 Sper-ma-to-zo-a—The vital reproductive element of the male.

Sphinc-ter—A muscle which surrounds certain openings of the body, closing them by its contraction.
 Spu-ri-ous—Not genuine.
 Stage—A degree of advancement or progress.
 Ster-il-i-ty—Barrenness.
 Struc-tu-ral—Pertaining to structure.
 Stud—Large-headed ornamental nail; an ornamental button for a shirt.
 Suf-fused—Filled with tears.

T.

Te-na-cious—Holding fast.
 Ten-den-cy—To move in a certain direction; to wait on; to move; to aim; to incline.
 Te-nes-in-us—Pain and difficulty in stool, with frequent desire.
 Text-ure—A fabric formed by weaving; connection of threads or other bodies interwoven.
 The-o-ry—Speculation; scheme; science as distinct from art.
 Tin-ged—Colored; tincture; slight taste.
 Tis-sue—A distinct structure.
 Tis-sue Mu-cous—That which invests cavities that communicate with the external air.
 Tis-sue Fo-rous—That which lines cavities not externally open.
 Trac-tor—That which draws.
 Trans-par-ent—Transmitting rays of light; clear.
 Trem-id-i-ty—Involuntary trembling; a state of terror.
 Tri-an-gle—A figure bounded by three lines and containing three angles.
 Tu-ber-cu-lar—A scrofulous affection.
 Tu-mi-fac-tion—Pertaining to tumors; tumor like.
 Tur-bid—Muddy; thick.

U.

Uri-nar-us—Pertaining to the urinary duct; urethra.
 U-tri-cu-lar—Bladder shaped; a little cell.

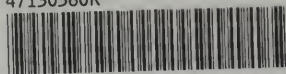
V.

Ves-ic-le—A little air bladder.
 Vul-va—The female pudendum.
 Vil-lous—Fibers of the mucous membrane.
 Vir-gin—A maiden chaste; modest; pure; new.
 Vis-cer-a—Internal organs of the body.

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